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THE MONTHLY
HOMŒOPATHIC REVIEW.

1684-1

EDITED BY
DR. RYAN, A. C. POPE, ESQ. & DR. NANKIVELL.

VOL. XVIII.

London :
HENRY TURNER & CO., 77, FLEET STREET, E.C.
MANCHESTER :
41, PICCADILLY, & 15, MARKET STREET.
BOERICKE AND TAFEL, NEW YORK.

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THE MONTHLY

HOMŒOPATHIC REVIEW.

HOMŒOPATHY:

ITS POSITION, PROSPECTS, & OBLIGATIONS.

THE arrival of another year—a year that warns us how old the century is growing—is a fitting season for us to look back on the past twelve months, to weigh its lessons well, to be thankful for its victories, and to study its defeats; it is a season also for taking stock of our professional and scientific position—a process which may be troublesome, but is as necessary to the welfare of a scientific body as to that of a mercantile corporation; and it is a season when we may for the moment, raising our eyes above the roughness and inequality of the ground we are at present treading, forecast the possible condition of our own body, and the probable state of general medical practice towards the close of this century.

Looking back, then, on the past twelve months, we search in vain for any one landmark which at the present time, or in after years, shall compel the attention of the observer. Converts have come in in only usual numbers—filling up, and possibly more than filling up, the gaps which time and change, with unfailing hands, make in our ranks. Our HOSPITAL has gone on in its quiet yet efficient routine, doing its work in alleviating its proportion of the mass of London misery and London sickness, and standing forth as the material centre around which our London physicians and surgeons gladly rally—

a living monument to their devotion to professional work, and to the liberality and pluck of the homœopathic laity. Somewhat more than this has, in truth, been done. Through the generosity of the daughter of their late Treasurer, the Board of Management has been enabled materially to improve the interior of the Hospital, and through a series of very important alterations (of which a full report is given in another part of our present number) to add to its efficiency by an increase in the number of beds, and, what is even more desirable, by rendering its administrative capacity more complete.

Our SOCIETIES still live and flourish. *The British Homœopathic Society*, under the stirring influence of its secretary, Dr. DRURY, becoming less metropolitan and more national, in fact as well as in name; the *Northern*, the *Midland*, and the *Liverpool* societies ranking together as the three chief provincial associations, and doing good work amongst the provincial men. The CONGRESS, the annual *réunion* of them all, holding its meeting in Leamington under the venerable presidency of Dr. SHARP, F.R.S., whose address on that memorable occasion, though scarcely bringing the dose question as yet within the limits of the knowable, threw nevertheless most valuable and interesting light—actinic, surely, in the effect it has produced—on the whole subject. Still further, another society, the *Hahnemann Publishing Society*, has triumphed over the commercial difficulties which once threatened its very existence, and is showing to its subscribers and supporters that it has again become the medium for disseminating amongst them valuable works on materia medica, therapeutics, &c. A reference to the last notice of this society in our *Directory* shows a large amount of work ready for the press, and we trust that its coming issues may stimulate men who have hitherto held aloof from it, to join in the good work it has undertaken. Another enterprise of intrinsic interest to our little body is that projected by Dr. RICHARD HUGHES of Brighton, to compare with their

originals and to correct, or elide where necessary, the "Observations of others" in HAHNEMANN'S *Materia Medica*. Of the value of such a procedure we think there can be little doubt; of its necessity, if we may judge from the results in *aconite* (*Monthly Homœopathic Review*, Vol. XVII. p. 704), there may even be less.

As to our periodicals, we may, without self-laudation, claim that they have held their own well. The *British Journal of Homœopathy* continues in its enlarged size to give full reports of the British Homœopathic Society's meetings, and, not content with this, publishes every quarter 16 pp. of the Pathogenetic Record, collated by Dr. E. W. Berridge; the *Review* has contained, amongst other interesting contributions, a valuable series of papers by Dr. SHARP, and while keeping its readers *au courant* with the news of greatest importance to them as homœopaths, it has also, through the assistance of Drs. DYCK BROWN and GALLEY BLACKLEY, given a monthly abstract of the English and foreign medical journals. The *World* has continued a career of prosperity in the line to which its editor has especially adapted it, viz., popularising some portions of the art of homœopathy, and ventilating matters of sanitary and scientific interest.

Beyond the limits of our tight and somewhat conservative little island, there is greater evidence of the external activity of homœopaths, and of the actual vitality of homœopathy. The Saxon *Landtag* has expressed its desire that its government take action in the establishment of a chair of homœopathy in the University of Leipsic; while in the other hemisphere, the State of Michigan has enacted that a Professor of Homœopathic *Materia Medica* and a Professor of the Practice of Medicine should be forthwith appointed by the Regents of the State University. New York State, too, has been the scene of much outward advancement of our cause: the State Medical Board for Examinations, in consequence of the refusal of the old-school men to act with those of the

new school, has been absolutely constituted from the homœopathic ranks. And at Boston an association has been formed for the purpose of establishing chairs of homœopathy in the University of that justly-celebrated city—the veritable “hub of the universe.” We are not at all sure that English homœopaths are wise in keeping their hands entirely free of tasks such as these: it is true that our governing bodies are more highly centralised than those of Germany and America; it is true that we are more scattered and relatively less influential here than in either of those countries; nevertheless, our numbers are not exactly insignificant, and the influence which we could bring to bear on both houses of legislature is by no means merely in proportion to our numbers. The first step which we should endeavour to take is to obtain the constitution by Royal Charter of the British Homœopathic Society. It seems to us that the time has arrived for the chartered constitution of our Society, alike on account of its age, its numbers, and its published transactions and works; and its possession of a charter would give it a standpoint from whence the advancement of homœopathy might be steadily pushed forward.

There are analogies between the physical and moral, and also between the physical and intellectual worlds. Geologists tell us that far greater changes are brought about in the surface of our planet by the gradual upheaving of one tract of land and the equally imperceptible depression of another tract, than by the mightiest earthquakes or most terrific eruptions that ever convulsed the face of nature. We ourselves realise the fact that the foaming torrent and the meandering stream do a fertilising work, just in inverse proportion to the noise and bustle they make. The French Revolution has been productive of about as much harm as good, and the murmurs of its discontent are still to be heard; the development of the English constitution, on the other hand, has been, if sometimes fitful or delayed, yet on the whole an instance

of the slow but mighty growth of a political machinery whose power for good is even now but unfolding.

In a new country like America, devoid of ancient foundations and time-honoured institutions, of strong professional traditions, and that respect for authority which obtains amongst us, the progress of homœopathy has been astonishing even to its strongest supporters. Numbering its practitioners by thousands, covering every district with its societies, establishing in every large city its hospitals and medical schools, carrying with it the sympathies of the free press of a free country, and backed up by the consciousness of an innate superiority, it has struggled not unequally with "established" medicine, and, more successful than the Titans of old, it is scaling the medical heavens, and seating itself in State Examination Boards and State Professorial Chairs. This success has not been obtained without some corresponding loss: probably some arduous work and keen brains have been diverted from more strictly professional pursuits, and directed towards the foundation of these means and the establishment of these successes; and we have in consequence seen, and lamented to see, that tendency to exaggeration, that utter belief in the *bogus* medicinal aggravation, and that desire to "whip creation" in the direction of infinitesimal doses, which has obtained more widely among our American colleagues than elsewhere, and which, wherever it appears, is the bane of true science. We do not believe for one moment that the backbone of American homœopaths is less annoyed than we ourselves are at this pseudo-Hahnemannianism, this homœopathy-run-to-seed, which some of their compatriots profess. But we attribute these temporary blemishes of an otherwise fair and vigorous plant to the rapidity of its growth, the fertility of its soil, and to the want of that hand to hand fighting against deadly odds, which has at some time or other been the lot of most homœopathic practitioners in these islands. Homœopathy has been accepted as true in America by many a man who

has learned to fight for it, if he has fought at all, under the protection of some veteran's shield, and who would have succumbed in twelve months to the studied isolation, the silent enmity, or the never-wearying opposition which surrounds the professional follower of Hahnemann, who practises his art within reach of the cold shade of the British Medical Association.

Far different, indeed, has been the outward and visible progress of homœopathy both in the old countries of Europe and in this our land. Introduced into England and America about the same time, it here numbers not more than one-tenth the avowed and qualified practitioners that it does beyond the Atlantic. No year has passed without an increase to our numbers, but in no one year has that increase ever been extensive; the demand for homœopathic practitioners has never been equalled by the supply; and a well known law of political economy has for the last forty years been, in this respect at least, practically abrogated. The reasons are not far to seek: they are intrinsic and external.

As to the intrinsic reasons: homœopathy was unfortunately handicapped at starting with the maintenance of the globule as the form of exhibition, and the thirtieth dilution as the suitable dose. The first was unnecessary, the second was based on opinion and not on fact, and was indeed wrong at least in the proportion of 29 out of every 30 cases: the one gave a convenient opportunity to ridicule, and the other proved a stumblingblock to the conscientious enquirer. Both these inconveniences have long since disappeared, but their effects still live, as the terms "globulism" and "infinitesimalism" show.

But the other causes which prevented the widely-spread acceptance of homœopathy have been entirely external to it both in their origin and continuation. The Medical Press almost from the first refused the discussion of the doctrine except by its avowed opponents, or the admission on any terms of clinical cases. The *Lancet* of 1836 and

the *Practitioner* of 1873 are both animated by the same spirit; the one rejected Dr. Epps's cases, the other refused admission to Dr. Sharp's letter: and from border to border of this desert waste of years no bright oasis has ever broken the unending vista of repression. The Medical Societies followed the same cue: the London Medical Society of 1826 and the Clinical Society of 1873 tell the same tale of abuse, trump up the same hear-say stories, and arrive at the same impotent conclusions. The great ethical society of the profession lays down its code of laws, and obedience due is rendered by not unwilling sheep: no consultations with homœopathists, no assistance to be rendered medical, surgical, or obstetrical to homœopathic patients. All Hospital appointments, all Professorial Chairs are to be closed to those graduates of medicine who receive as true Hahnemann's dogma of Similars, and accept also as an historical fact that he enunciated it. Thus by repression, by misrepresentation, and by isolation, has the overwhelming majority of the profession in this country for the last forty-five years attempted to stifle homœopathy and to stultify itself. In the first it has but partially succeeded, in the latter completely so.

And so it is that in this year of grace, 1874, we homœopathists may congratulate ourselves on our still surviving; we may be thankful that a Dr. Sharp exists whom the *Practitioner* may with much pains endeavour to snub; we may condole with a Clinical Society that there is still one subject left beneath the moon concerning which its members can be unanimous.

The Progress of Ideas is the true criterion, however, by which the rise and development of homœopathy is to be measured. Since the standard of "Similars" was first unfurled, through what endless changes has the pseudo-legitimate school passed! The statistics of homœopathic treatment sounded strangely in the ears of men who bled *ad deliquium*, who revelled in drastic purges, and fought disease with mighty prescriptions; but there was such an

absolute contrast between the results of the two systems that physicians were compelled to try an opposite plan. Old Physic became enfeebled and tottered to its grave, and Young Physic rose to eminence in Hospital and College. Patients now were to be fed—nay, they were over fed; they were to be stimulated—and stimulation was carried to such an excess that alcohol-poisoning frequently assisted the patient into the majority. As to the belief in drugs it fell to a very low ebb: opium and quinine were still given, and occasionally mercury was prescribed; iodide of potass sustained a wonderful run; quinine was generally referred to as an isolated specific—the *ratio medendi* of which was extremely irrational, because unintelligible;—but it was considered most unlikely, nay heretical, to suppose that the link which united quinine and ague had any analogue in the relationships of other drugs to other diseased states.

This position of so called orthodox therapeutics must have been in a high degree unsatisfactory to many minds, but they sought relief from the glorious uncertainties thereof in good nursing, bread pills, and a more thorough study of physiology and pathology. Close to them was, all the time, that law which could have thrown light on their pathway and indicated to them why, how, and when medicine should be prescribed or withheld; but though they could not but recognise the indirect effect of homœopathy on the general character of their practice, they afforded to its statements rather less credibility than that with which they honoured those of their own immediate predecessors. No doubt the course they took, inasmuch as it led to the strict examination of a certain class of facts, was truly a course in a right direction: the absolute nature of diseases was investigated, and their local effects were enquired into. Disease itself was recognised rather as a perversion of nutrition, of development, or of condition, as, in fact, a deviation from health, not as a demon to be cast out perforce, or as some absolute deficiency, to be

made up with unlimited quantities of food and wine. Such views, and others more or less similar to these, and, we may suppose, the need which daily practice and experience only increased, drove this school of modern medicine once more to the conclusion, that if the healing art was to be perfected as a science, if suffering humanity was to be soothed or cured, possibly, too, if that sect of homœopathists was to be extinguished, attention must at length be turned towards the long neglected domain of therapeutics.

The leaders of the physiological school had, in respect of therapeutics, the typical three courses before them: they might have decided that the maxim, "*Contraria contrariis*," Galenic and time-honoured, contained the truth of therapeutics, and have endeavoured, by provings on the healthy and more careful trials on the sick, to have reduced this law to more accurate practice. But they were too acute to endeavour to succeed in a course in which all their predecessors had failed, and the *prima facie* grounds for supposing this law to be in any sense one of general application, and the very partial success which had ever followed its practical application was sufficient to damp their ardour for such an unpromising pursuit.

The second course was to investigate thoroughly the dogma of similars. In favour of this course stood the great fact that this doctrine had been reduced to practice for the past 70 years, that its adherents were continually increasing, and that their faith in its truth and general applicability had stood firm when old therapeutic traditions had tottered to their fall. Added to this, it was a doctrine founded on scientific experiment; and from the very nature of it there was no more finality in its theory and practice than there was in physiology and pathology themselves; knowledge of the pathogenesis of remedies would be studied in connection with those two sciences, and the cure of disease would be established on a tripos

of unshaken stability. Had the physiological leaders chosen wisely and well in this matter, the birth-pangs of the medicine of the Future would have been considerably shortened. As it was, they failed to see or to seize the golden opportunity; strong enough in numbers, prestige, and ability to have overcome or laughed to scorn the dead-weight opposition of the less enlightened of their followers, they themselves, slaves to an innate prejudice, permitted long-accustomed feelings to triumph over their scientific interests; reason gave way, not for the first or last time, to passion, and it was decided to continue the traditional policy of oppression and repression towards the followers of Hahnemann. Sir James Simpson, twenty-five years ago, in his plea for the general use of chloroform in obstetric cases, said: "Human passions and prejudices ever rise up to argue for and insist upon the continuance and safety of the past, and the total impolicy and high peril of any attempted alteration. But time passes on, and brings with it—sometimes abruptly, generally almost imperceptibly—a perfect change of doctrine and practice." *Nomine mutato; de te fabula narrantur*: human passion and perhaps inveterate custom, prevented the physiological school from embracing homœopathy, but could not provide that school with what it lacked, viz., a therapeutic law.

A third course remained. Like all third courses, it was the least honourable of the three. The first would not have been scientifically wise, and perhaps it was too much to assume that such intellectual lights could by any concatenation of circumstances not have seen its unwisdom. The second course was intellectually correct, but it also required a moral calibre possessed only by a Henderson, a Horner, or a Reith, and not by the rank and file of a whole professorate. And therefore the third course was taken—an apotheosis veritably of ALLOPATHY. It has consisted in the gradual appropriation of those uses of remedies which, thanks to the labours of the homœopa-

thists, had become recognised in medicine. *Arsenic*, for instance, had become of established value in the treatment of cholera; and Dr. Black, of Chesterfield, being a so-called orthodox physician, in due time announced this fact in the orthodox papers. *Aconite* had become so well known as a febrifuge in common inflammations and fevers, that the very nurses were prescribing it; but Dr. Wilks adds lustre to his laurels by impressing its value on the medical profession, and even a *Lancet* article is devoted to sounding forth the praises of its homœopathic namesake.

These instances will for the nonce suffice for our argument, though Harley and *belladonna*, Leared and *arsenic*, Anstie and *ipêcacuanha* would fail to complete the list of this school of medical men who have supported and propagated the homœopathic use of remedies at the very time and in the very journals that they have denied the validity of the law of similars, and vilified those who in this matter differed from themselves.

The text-book of this school is Ringer's *Handbook of Therapeutics*, a work as superior to Garrod's and Pereira's in true therapeutical information, as medicine *plus* the law of similars is to medicine *minus* that law. There is scarcely a page of that work free from homœopathic taint; yet, throughout the volume, there is never an acknowledgment of the true sources of its inspiration!

The organ of this school is of course the *Practitioner*, a journal whose editor will exclude or curtail the communication of a Dr. Sharp, while it readily admits in full a therapeutical paper by a Dr. C. D. F. Phillips!

Such is—unfortunately for themselves, unfortunately for us, and unfortunately for medicine as a whole—the position taken up, and the course pursued, by the men of modern medicine. Their practice has improved vastly since the days of their phlebotomising ancestors; would that we could say as much for their morality. Either by their dread of immediate consequences, or their dislike to withdraw and apologise for the abuse of half a century,

the true advance of medical science is deferred. Much is made by them of isolated facts, but the life-giving law which underlies these facts is quietly ignored.

Our own relations to this increasing body of medical men should not be of a doubtful character; slow to take offence at the professional slights to which we are subjected, "in patience possessing our souls," rejoicing over every established therapeutic fact accepted by them, let us hold fast to this: that, "till modern medicine acknowledges the law of specific medication, and studies accurately to reduce it into practice, it can never be, to our mind, complete or satisfactory." Wise words these of Dr. W. S. CRAIG, and as long as they so remain, the mission of homœopathy will still exist—a mission of affirmation, not of denial; one that must continue until the law, "*Similia similibus curantur*," be universally accepted: and this for the sake of therapeutical science, of historical truth, and of the memory of the Dead.

If the fulfilment of this mission compels us to assume a sectarian form, to publish sectarian journals, and to support sectarian institutions, the fault lies neither with ourselves, nor with the object we have in view, but with those who, arrogating to themselves liberty, if not licence, of thought, word, and deed, have grudged to us a similar liberty—licence we have never sought—in vindicating the claims of Hahnemann and of the law which he evolved.

Not without hope do we look forward to the not far distant end of our labours. It is not in the nature of things that a law founded on a series of facts, or rather a law explaining and connecting them, can be always neglected. Every therapeutic fact drawn from our teachings is increasing the tension, so to speak, of the modern school. We trust that this series of cribbing—to use a homely phrase—may continue unchecked; it must ere long tell its own tale, and the law of similars be fully acknowledged. With what rapid strides would the science of therapeutics then progress! No longer dependant for

its advancement on the chance and uncombined labours of a few scattered practitioners, it would have at its disposal the collective wisdom of Hospital and College, and the ample opportunities for experiment and investigation which they possess. The proportions of medical education and science would be once more maintained, and therapeutics, resting on the law of similars, would take its place as the strong right arm of the healing art.

We sincerely trust that the year which has now begun may not close without some decided steps being taken towards this desired consummation. Let each one of us remember—each for himself—that he is identified with a name and a cause; and let us seek earnestly the advance of homœopathy as well as our own individual welfare. Let no careless diagnosis or slovenly routine treatment mar the success of our art, or give occasion to the adversary during the coming year. Let not the engagements of private practice prevent each member of our body doing some tangible portion of the general work which should fall to his lot. Papers to be read at societies, cases to be reported for the journals, Repertory and Materia Medica work for the Publishing Society—all these will be gladly welcomed from every practitioner; nay more, they are due from him to the body corporate to which he belongs. A little more self-sacrifice, public spirit, and *elan* would make 1874 a year to be remembered hereafter with pride and satisfaction.

And now at the commencement of this year, full, as we trust, of increasing knowledge, of earnest work, and of profitable employ, the Editors of this *Review* cordially desire to their subscribers and readers a New Year's Greeting.

CATECHU POULTICE FOR VARICOSE ULCERS OF THE LEG.

By J. H. NANKIVELL, Esq.

VERY recently I read in the *Lancet* (Sept. 27) some observations and reports of cases by Dr. ROCHE, of the Bombay Army, showing that the powerful tanning properties of catechu had in some instances caused rapid healing of old varicose ulcers. Having at the time a case of this kind under treatment I resolved to give the application a trial. The patient was a gentleman aged about 60. The ulcer principally over the tibia, and neither deep nor sloughy; it was, however, sluggish and indisposed to heal. For about ten days the limb had been well elevated on an inclined plane so as to keep the veins empty, and nitrate of silver had been rapidly passed along the edges with good effect; still the cicatrizing process was slow, and my patient was anxious to have a sound leg before taking a long journey. It is not necessary to describe minutely the state of the limb, suffice it to say that it was an old case, which had given much trouble, and a large surface had from time to time been the seat of disintegration.

A poultice was made in the usual manner by adding a sufficient quantity of hot water to an ounce of finely powdered catechu, and this was laid over the wound and kept on it for twelve hours. When I paid my visit the patient expressed much satisfaction at his having passed the night free from pain (he had suffered much aching before); and on examining the wound it was seen that rapid healing was going on. Another poultice was then put on; and when it was removed it was found that the catechu had insinuated itself amongst the granulations, and dried into what might be fairly called a rind or bark. Carefully removing a little of this bit by bit with a blunt instrument, it was seen that the granulations had become tanned into a cicatricial tissue, pale and painless.

My patient objected to the removal of the whole of the catechu sheath; and striking it smartly with his fingers, expressed his confidence that the wound had healed, as there was no pain or tenderness, and the part felt quite sound and well. A few days afterwards I was allowed to remove large portions of the crust, and found that the ulcer had perfectly closed.*

* Dec. 18th.—There has been no relapse.

Now, the interesting fact in this case is that it affords us a different view of the process of healing in old ulcers from that which we have hitherto entertained; the general doctrine has been that cicatrization can only take place from the circumference towards the centre, unless there are within the wound islets of cutis vera which have escaped disintegration; or unless, as by the modern process of transplanting portions of skin, we thereby get fresh starting points for the elaboration of cicatrice. It would seem now that catechu has a power of acting by a kind of tanning process on granulating surfaces, and converting them directly into an integument.

York, October 16, 1873.

PHYSIOLOGICAL HOMŒOPRAXIS.

By W. B. A. SCOTT, M.D.

THE following remarks must be prefaced by an apology for the introduction of a word which, never having met with, we fear we must accept the responsibility of having coined. It is desired to show here that the law of *similars* operates in physiological actions; and as no πάθος is produced in such action, we have thought that a word significant of the action of this principle under general conditions would best express the idea intended to be conveyed: hence, we have designated this influence of the law of *similars*—*Homœopraxis*.

The result of every physiological process is the product of the action of laws which may be conveniently divided into four principal classes, mechanical, chemical, physical, and vital; of which it is to be observed, that each does not preserve its sphere of action distinct and separate from that of another in the animal economy, but mutually reacts upon, and influences, and is influenced by, all of the rest, like the various organs in the same organization. Furthermore, we find that the strictly *vital* laws exert a directing, and, so to speak, dominant, influence over the others—not, indeed, as some have rashly concluded, by abrogating or violating the ordinary, universal laws of matter, whether chemical, mechanical, or physical, but by so modifying the conditions of various parts of the organism as to determine *which* particular laws shall come into play at any given time and place. Take, for example, the process of assimilation and nutrition. Food is received

into the mouth ; triturated by the process of mastication ; insalivated by the secretions of the parotid, sublingual, and submaxillary glands, which are stimulated by the presence of the sapid body in the mouth ; duly lubricated by the secretion of the tonsillitic and other mucous glands ; rolled into a more or less spherical form by the tongue ; propelled into the stomach by the contractions of the pharyngeal muscles and the peristaltic action of the œsophagus ; subjected there to the action of the gastric juice, which is rendered the more energetic by the high temperature of the interior of the body, and with which it is intimately mixed by means of the gastric contractions which finally propel it, when duly chymified, into the duodenum ; whence, after admixture with, and modification by, the biliary and pancreatic secretions, it is forced along the course of the intestines, and further subjected to the action of the secretions of Lieberkühn's, Brünner's, and Peyer's glands, &c. We shall be readily excused if we omit any particulars respecting its farther destination. Meanwhile, its nutrient portions are progressively taken up by various bloodvessels and glands through an endosmotic process, and so conveyed to the parts which they are destined to nourish.

This hasty sketch of the digestive process, imperfect as it is, shows us all these four classes of laws in operation, and their mutual inter-action, as well as the dominant or directive character of the laws which are more purely vital. (1) We see the action of mechanical laws in the processes of mastication, deglutition, kneading by means of the gastric contractions, and propulsion by the peristaltic action of the walls of the alimentary canal ; (2) To physical laws we must ascribe the influence of the high temperature of the stomach in promoting chymification, as also probably the process of endosmose. (3) We recognise the laws of chemistry at work in the action of the saliva and pancreatic juice, whereby the amylaceous principles of the food are converted into grape sugar, and thereby rendered capable of absorption ; in the solvent and discerning action of the gastric juice ; and, probably, in the emulsive action of the bile and pancreatic juice upon oleaginous principles ; and (4) Vitality comes into play in the production of the various secretions by means of the specific activity of different glands, each responding to its own appropriate stimulus. At the same time, this latter, while, as we have

seen, it has its own special sphere of action, still pervades the whole domain; for the mechanical process of mastication is the result of the contraction of the various manducatory muscles responding to the stimulus of the will; the mechanical process of propulsion along the alimentary canal, and further trituration in the stomach, is the result of the peristaltic contraction of various muscles, called into reflex action (a vital function) by the presence of the food itself; the chemical changes which take place in the mouth, stomach, and intestines, could not occur but for the presence of the saliva, gastric juice, &c., the production of which we have seen to be a vital act; and, lastly, it is vitality which preserves the walls of the veins and lymphatics in a condition capable of effecting the (probably) physical action of endosmose. Furthermore, we see that no single element of the digestive process can be attributed to the unaided and single action of any one of these four great classes of laws. Vitality, as has just been shown, pervades and dominates them all; the chemical action of the gastric juice is augmented by the physical influence of animal heat, and by the mechanical trituration resulting from the contractions of the walls of the stomach; while the (probably) physical process of endosmose depends on the chemical and physical natures alike of the membrane through which the process is effected, and of the liquids on either side of the same. The further process of assimilation, whereby each organ and tissue of the body repairs its own histolytic losses and supplies itself with the material necessary for the discharge of its appropriate functions, is, in some degree, if not entirely, an endosmotic process, dependent upon the power possessed by the individual structures of absorbing from the blood conveyed to them their own salts and proximate principles, in virtue of a law which really precisely corresponds to the *ὁμοιομέρεια* of Anaxagoras—a doctrine which so acute a thinker as Lucretius would have treated with more respect had he not, to all appearance, strangely misconstrued it.*

Now, in all the above processes where can the operation of the law of similars, or rather our firstborn "Homœopraxis," come in? Clearly not in the purely chemical, physical, or mechanical, department. The acidity of a compound is not diminished by the addition of more acid,

* *De Rerum Natura*, I. 830, et seq.

but by adding an alkali. (We are speaking, of course, only of compounds subject to no vital laws, though our remarks are, strictly speaking, true even of the animal economy. Gastric acidity is not diminished by the *actual administration of acids*, but by *the lessened activity of the gastric follicles therefrom ensuing*; but of this anon). The temperature of a mineral body at 60° is not increased but diminished by immersing it in ice-cold water; unless chemical action ensue, as in the case of potash, quicklime, &c., &c. The weight of a mass of iron can never be lessened by adding to its bulk. The fact is that Homœopraxis is no law of the inorganic world, although it may be, and probably is, a derivative or development of the laws which hold good in that domain of creation;—just as vitality itself is probably a derivative of the various physical forces which are themselves, most likely, but varied manifestations of some one primal energy.*

It is clearly to the vital element, if anywhere, that we must look for illustrations of our Homœopraxis. And here, wherever we can trace the operation of any law whatever, we find Homœopraxis prevails. We say advisedly “wherever we can trace the operation of any law whatever,” because, undoubtedly, the rationale of many vital acts is, hitherto at least, inscrutable. For example, the presence of sapid bodies in the mouth stimulates the activity of the salivary glands, and the mechanical irritation of any substance whatever brings into play, by reflex action, the contractility of the non-striated muscular layer of the alimentary canal. But the *modus operandi* here eludes our discovery; and, when we say these phenomena are produced by stimulation of the nerves, we simply throw the difficulty a step further back, without really giving any explanation whatever. For *why* should sapidity or physical contact “stimulate” the nerves, and *how* does the most exuberantly vigorous nervous “stimulation” give rise to glandular secretion or muscular contraction? These phenomena must, as yet, be regarded as ultimate facts, with the rationale of which we are unacquainted, and shall, perhaps, always remain so. But where explanation is in any degree possible, homœopraxis affords us the clue. For what excites the secretion of the acid

* See a work entitled *Mind and Brain* by T. Laycock, M.D., Professor of Medicine, Univ. Edin.

gastric juice? In part, no doubt, the mere mechanical contact of the food with the walls of the stomach, but especially *the alkaline saliva swallowed with the aliment, the deficiency of which is one main cause of the dyspepsia common among those who bolt their food without due mastication.* Again, what produces the flow of the alkaline bile and pancreatic juice? In part, again, doubtless, the mechanical contact of the chyme with the walls of the duodenum, but especially *the chymic acidity arising from the free intermixture of the acid gastric juice with the food in the stomach.* These are two striking instances which are precisely analogous to the homœopathic method of removing any morbid condition by the administration of a drug the primary or direct effect of which is to produce a similar state, *e.g.*, curing constipation by means of *opium*; or, more strictly, of producing a particular condition by means of a drug the primary or direct effect of which is to engender a state the exact opposite of the one we are seeking to procure, *e.g.*, inducing sleep by the administration of *coffea*.

As our present concern is with the law of similars itself, and not with any of the details of homœopathic practice, we forbear to dwell upon the analogy which suggests itself between the comminution of the food by means of mastication in the mouth and subsequent agitation and kneading in the stomach, and the minute sub-division of the drug in our various triturations and succussions; more especially since, as we showed in a previous paper,* we have a further object in our dynamizing processes than that of merely facilitating absorption by presenting a larger surface to be acted on by the solvent fluids, by means of pulverization.

Vitality or its laws, therefore, alone pervades *every* step of the digestive process; and what still further demands special attention, so correlates or co-ordinates all the parts of the process as to hold them in a state of mutual subordination, reaction, and interdependence, while itself regulates the whole. Thus, by reason of the vitality of the organization, not only does the presence of sapid bodies promote the flow of saliva, but this secretion is augmented by the pressure of the condyles of the superior maxilla on the parotid gland during the act of mastication; the *me-*

* On *Posology*, H. M. J., September 1873.

chanical action of the lower jaw, itself the result of vital contractility brought into play by a mental or volitional stimulus, thus in its turn increasing the *vital* functional activity of a racemose gland. Again, while up to a certain point any combination of chemical, physical, or mechanical impediments to digestion may be overcome (*e.g.*, undue alkalinity or acidity of the food by means of compensatory increase in the flow of the gastric juice or saliva, extreme cold by means of animal heat, and constriction of the pylorus by hypertrophy and increased action of the walls of the stomach), any sufficiently powerful stimulus affecting the vital energy in its seat at once stops the whole digestive and assimilative process. For example, a sudden fright, or the receipt of sad news, will often arrest or suspend the action of the salivary glands and gastric follicles; a blow on the head will frequently cause vomiting (as will also the receipt of displeasing intelligence in some cases), and even the active occupation of the mind in study or reflection is found highly unfavourable to digestion. Furthermore, mental (which are the most characteristically *vital* of all) stimuli can call into action most of the functions subsidiary to digestion even when no food is present. Thus the anticipation or even the suggestion of a banquet will produce a flow of saliva in a fasting person; and the influence of the passions on the hepatic secretion is assuredly something more than the old traditional vagary of wide-spread popular credulity. Again, the abnormal act of vomiting, resulting from *antiperistaltic* action of the walls of the stomach, is often caused by mere emotions of disgust.

Similar remarks might be made regarding the other physiological processes, but enough, we think, has been said to show that, throughout, the pervading dominant co-ordinating force is *vitality*, and that the various chemical, physical, and mechanical forces, *however necessary*, are subsidiary, subordinate, and inter-dependent. Hence, it is to *vitality* that we must address ourselves in seeking to modify any physiological process, or change any morbid condition. And the manner of our address has been clearly indicated to us by what we have above learned of the rationale of the different steps in the digestive process where this can be discovered. This we have found to be, *acids engender an alkaline condition of the part, and alkalies engender an acid condition of the part*; that is to say, we

find the law of similars at once suggested, operative, and *pro tanto* confirmed.

But it might be alleged that, while all this holds good in the case of physiological actions, we have no right to extend it to morbid conditions, as we did a sentence or two back. To this we reply that, just as Lord Palmerston maintained that "dirt was simply anything out of its place," so morbid actions are simply physiological actions occurring at a wrong time, in a wrong place, or to a wrong extent. Fatty degeneration of the heart is a serious disease, and yet it is the result of the very same process which occurs normally in the secretion of milk, and in the diminution of the uterus after parturition. Menorrhagia is simply a normal discharge occurring at too frequent, and therefore abnormal times, or to an excessive amount. Fibromata, sarcomata, myxomata, lipomata, enchondromata, osteomata, lymphomata, adenomata, even carcinomata, are but modifications of normal tissue, and the influence of locality is well exemplified by the fact that the injurious effects—even the malignancy—of many of them are in direct proportion to the dissimilarity between them and the particular tissues in which they happen to be situated,—in other words, to their homologous or heterologous character. So we have every reason to expect to find the same vital laws at work in pathological as in physiological processes.

It may now be enquired whether, although we find the law of similars unquestionably to hold good in processes which are natural from first to last, we are entitled to infer that it will still prevail when these processes are *artificially* interfered with by the administration of drugs. Now, a very ready answer to this question can be given by any student of Hahnemann; but as the writings of that much-abused, little-read, and still less-understood physician are, unhappily, not so universally in the hands of a perverse and stiff-necked generation as a philanthropist could wish, we shall have recourse to the more accessible "Manual of Therapeutics," by Dr. Sidney Ringer, and compel that gentleman to disgorge some of his ill-gotten gains for the benefit of those whose legitimate inheritance they are.

We are there told that it has been fully established, by repeated and careful experiments, that dilute acids taken into the stomach check its secretion; while, on the other

hand, alkalies stand prominent among the powerful exciters of the secretion of the gastric juice. From these facts the more general law is inferred that *acids possess the power of checking the production of acid secretions from glands, while they increase the flow of alkaline secretions; the very reverse being the case with alkalies, which are supposed to check alkaline, but to increase acid secretions.* This law gains support by fully interpreting the effects, substantiated by experience, of acids on the secretions of the alimentary canal in disease. "Acids are powerful stimulants of the salivary secretion . . . their production of alkaline secretions explains their satisfying thirst in fevers" (pp. 84-86). "The fluid which oozes from an eczematous surface is highly alkaline, and may be checked by an aqueous solution of carbonate of soda" (p. 100). "Alkalies check the alkaline secretion of leucorrhœa" (p. 102). "The sweat is an acid secretion, and profuse sweating may sometimes be checked by sponging the body with weakly-acidulated water" (p. 83). Next, as to the production and cure of morbid symptoms, "iodine produces coryza, redness of the eyes, and frontal headache" (p. 68). "*Iodine inhalations are useful in attacks of sneezing, running at the eyes, and severe frontal headache*" (p. 66). "*Iodide of potassium is useful in both acute and chronic colds of the head*" (p. 73). But we should be doing Dr. Ringer gross injustice if we represented him as inculcating the homœopathic doctrine of similars alone with such enlightened and praiseworthy zeal. He is also aware of the direct opposition between the primary and secondary action of drugs, as appears from the following statements:—The sulphides of calcium, ammonium, potassium, and sodium, given internally, *first increase and then dry up* any suppuration which may exist, and promote its healing. Elsewhere he expresses his concurrence in the well-known doctrine of Hunter and Hahnemann, that no two diseased processes can co-exist actively in the same part, and thereby explains the use of nitric acid in healing ulcers, herpes, &c. (p. 82).*

* Among the numerous instances of the truth of the homœopathic law on which Dr. Ringer insists with such earnest and convincing demonstration, he adduces the power of *ipêcacuanha* in checking various forms of vomiting, particularly that which occurs during pregnancy—a fact which, by the way, had been stumbled upon by Sir James Simpson, but which was subsequently repudiated by that

It is to be regretted that Dr. Ringer has omitted to give references to the particular passages in the writings of Hahnemann and his followers from which he extracted the above and other similar remarks, as, to ourselves and others, this seems almost to savour of a want of candour. However, it is, in fairness, to be remembered that this would immensely have extended the length of the Manual of Therapeutics, and its ingenious author may naturally have imagined that the references were so obvious as at once to suggest themselves to all medical readers, and so save the necessity for notes and inverted commas. In this he has, unhappily, greatly overrated the learning and intelligence of his allopathic confrères.*

As an illustration of the confirmation afforded by recent discoveries in physiology to a very characteristic element of homœopathic practice, we may mention the doctrines of Brown Séquard and others referred to by Professor Hughes Bennett (Text-book of Physiology, pages 286 and 327), to the effect that not merely do different nerves subserve the five recognised senses of touch, taste, smell, sight, and hearing, but *distinct nerve tubules* convey the impression of different colours, smells, tastes, and sounds, and even the so-called tactile impressions of heat, cold, gentle or rough friction, tickling, various kinds of pain, &c. Surely no discovery could give more distinct sanction to the minute attention to the slightest variations in

"bellicose professor," with his usual inconsistency and disingenuousness, when he learned for the first time that this was an example of homœopathy—a system against which he had published a libellous and defamatory tract (long since happily forgotten), without, as appears from the above circumstance, having acquainted himself with the very elements of the doctrines he assailed with so much ribaldry.

* It is a remarkable fact that University College, London (where Dr. Ringer is the distinguished professor of Materia Medica), enjoys the unenviable distinction of being, so far as we know, the only learned society in Britain which, while it ostensibly and ostentatiously brags of allowing a fair field and no favour to all opinions, has yet openly inflicted penalties and disabilities on different persons for their theological and scientific views. For example, that ridiculous community dismissed Dr. Elliotson for instituting experiments on the now well-known truths of Mesmerism, and refused the services of Professor Martineau on account of his religious opinions. To be sure, in this latter case, as the *Saturday Review* pointed out, the governing body defended themselves by saying it was not *opinions* they objected to, but Professor Martineau had been so foolish as to allow his opinions to ripen into *convictions*, and even had the bad taste to be *zealous* in the propagation of what he deemed important truths.

sensation which at one time brought so much ridicule on the homœopaths from the obsolescent school.

Ignorant persons have frequently accused Hahnemann and his followers of neglecting pathology and physiology, as well as various other subsidiary medical sciences. No charge can be more unfounded and unjust. Hahnemann was familiar with all the teachings of Hunter and the other leading physiologists and pathologists of his day, and even was in some respects in advance of them on their own fields. As a chemist, he gained the applause of Berzelius himself. If Henderson was ignorant of pathology, what are we to think of the intelligence of the allopaths who elected him to the pathological chair in the University of Edinburgh? It is invidious to select instances either among the living or the dead, where so many have a claim to distinction, otherwise the list might be indefinitely extended. But it is perfectly true that a homœopathic physician, in his selection of drug remedies, does not dwell much on physiological or pathological questions of purely speculative interest. If he were to theorize on the nature of tubercle, and occupy himself with the enquiry whether or not something at all like it may be produced in a guinea-pig by means of inoculating it with portions of "cheesy" pneumonic products from the lungs of a human being, while he ought to be seeking for a medicine adapted to the particular case of phthisis before him, he would justly feel that he was as guilty of neglect of duty as a clergyman would be who should ponder deeply over the Gnostic heresies when he ought to be administering religious instruction or consolation to an individual parishioner in spiritual distress. The careful and minute study of physiology and pathology no doubt has its sphere, and that no unimportant one. Nor is it by any means safe to despise new discoveries in science because we do not at once see any practical deduction from them, "for I am not ignorant," says Lord Bacon, "how much that diverteth and interrupteth the prosecution and advancement of knowledge, like unto the golden ball thrown before Atalanta, which while she goeth aside and stoopeth to take up, the race is hindered." Still a physician and a pure man of science are distinct persons—as distinct as a civil engineer and a professor of natural philosophy, or a farmer and a professor of agriculture. Surely this fact ought to be borne in mind at pre-

sent, when medical classes, and, in particular, that of experimental physiology, are being thrown open to women. This class is, in our opinion, calculated to have a strongly demoralizing tendency on most of its students; to foster the cruelty which is but too common a blemish in the character of young men, and, we deeply regret to add, equally so in those of young women. Of course, it is exceedingly shocking and improper to say this, but no one can possibly doubt it who considers for a moment the savage nature of the amusements in which some of the gentler sex find delight. There can be no question that wherever bull-fights are in fashion they constitute the favourite entertainment of the women of the country, and, we are sorry to say, almost invariably find great favour in the eyes of fair visitors from regions where the disgraceful amusement is prohibited. Also, a novel now-a-days rarely gains much acceptance which fails to drag the hero through every conceivable scene of complicated physical distress, no less than of moral evil. Surely, therefore, such of us as aspire "to the honourable name of physicians," are not to be blamed if, while gladly accepting the ascertained results of physiological and pathological investigations, we seek to extend our practical knowledge rather by the observation of normal and morbid phenomena in those under our care, whom we may hope to benefit by the results of our experience, or in those who shall offer themselves for the subjects of perfectly safe experiment, as the *provers*, than by the brutal vivisection of the lower animals to which physiologists now so frequently resort.

6, Calverley Parade, Tunbridge Wells.

PHARMACEUTIC PROCESSES.*

(Continued from page 755, Vol. XVII.)

THE PRESERVATION OF THE MEDICINES.

A VERY few words will suffice upon this head. All that has already been written about the care necessary to avoid all exposure of the medicinal substances to damp, dust, strong smells, bright light, &c., during their preparation, applies equally to the preparations themselves after they are completed. All strong tinctures should be kept in a

* Published at the request of the Honorary Secretary of the British Homœopathic Society and of the Pharmacopœia Committee.

place entirely separate from the attenuations; and should be preserved in well-stoppered glass bottles, and kept constantly in the dark in a dry, cool place. The attenuations should also be preserved in stoppered bottles in boxes or drawers; and it is a good plan to appropriate a separate box or drawer to each medicine. It is not necessary to keep the whole series of attenuations, as many of them are very seldom prescribed. The following should, however, be always on hand, viz., all below 7x, then 5, 6, 9, 12, 18, 24, 30.

The Dispensing of the Preparations.

The forms in which homœopathic medicines are dispensed are powders, tinctures, pilules, and globules.

The powders consist of sugar of milk, to which has been added a given quantity of the trituration prescribed, or on which has been dropped a given number of drops of the tincture. It is necessary, therefore, to remember that only those attenuations can be dispensed in the form of powder which have been made with proof, or stronger, spirit. If prepared with a weaker spirit, the sugar of milk will partially dissolve, and thus a most inconvenient preparation will result. The tinctures themselves are often dispensed, either in bottles with directions to mix so many drops in a given quantity of water, or the prescriber orders so many drops to be mixed with so many ounces of water, and sent out as a mixture. In order to possess a convenient form for administering fractions of a drop, Hahnemann adopted the plan of saturating sugar *globules* with the attenuated tincture, and then directing so many of these to be taken at a dose. Since Hahnemann's time a larger sugar globule, termed *pilule*, has been introduced, and is much used both in this country and America. Another form of powder has been recommended in America, and used occasionally in this country, and is at times very convenient. It is called a *tincture-trituration*, and is prepared as follows: A weighed quantity of sugar of milk, for instance two ounces, is put into a mortar, and one fluid ounce of the tincture (usually the mother tincture) is poured over it, and the whole is well rubbed together, forming a soft paste; this is put on one side in a dry place, lightly covered with paper to exclude dust, but not to prevent evaporation; and as the paste gets drier it is again and again rubbed up well and scraped from the

mortar and pestle until it becomes quite dry, when a second ounce of liquid is added and the operation repeated. When dry it is put up in bottles and preserved like any other preparation. From the way it is made it will be obvious that one grain of a tincture-trituration will contain as much of the medicine as one minim of the tincture itself.

Beyond the convenience of carrying them about and dispensing them as powders, there is no advantage in the tincture-trituration over the tincture; and it should never be used for the purpose of making attenuations, which should invariably be prepared direct from the tinctures themselves.

A few words must be said respecting the obtaining and medicating pilules and globules.

These preparations are made of sugar and starch, and it is always better to procure them from a manufacturer who prepares them especially for homœopathic chemists rather than from the confectioner who, having frequently to colour his preparations, would be very apt to employ his machinery indiscriminately for the coloured and the colourless, and hence the latter would not be sufficiently pure for our purpose.

In medicating the pilules and globules a suitable quantity should be placed in a bottle, and the tincture with which they are to be saturated poured over them in sufficient quantity to thoroughly moisten every one of them, and the regular admixture of the tincture and the globules should be ensured by repeatedly shaking, or, better still, by rolling the bottle horizontally in the hand. Some chemists fill the bottles with the tincture and leave them to macerate for several days; while others carefully ascertain how much the pilules and globules will absorb, and add exactly that quantity. Whichever plan is followed the greatest possible care is required to secure perfect saturation.* The latter process, when carefully carried out, has the advantage of avoiding all exposure of the pilules and globules in drying; whereas, if the former plan is followed, it is necessary after a time to pour off the excess of tincture, and to dry the pilules and globules

* It is found advantageous in medicating pilules and globules with attenuations which are usually prepared with strong alcohol to make those required specially with 20 O.P. spirit, which will be more readily absorbed than stronger spirit.

between sheets of filtering paper, a plan which is objectionable on many accounts.

Before closing these practical directions it will be well to say a little about the proper method of cleaning the utensils employed by homœopathic chemists. It has been already stated that all careful homœopathic chemists set apart separate pestles and mortars for each medicine which has to be triturated.

All the mother tinctures, and especially all the attenuations, should in the first place be put into perfectly new bottles, closed with perfectly new corks, and these should never in future be filled with any other medicine or attenuation.

It must happen, however, that measure-glasses, bottles which have contained mixtures, &c., are required to be used again and again, and hence it is well to know how they can be thoroughly freed from every trace of the medicine which they have previously contained. This may be effectually accomplished by *washing the bottle in an ascending stream of water* in place of a descending stream, as is almost universally employed. The chemist should have a fine nozzle and stopcock adapted to his water cistern in his laboratory (over the sink), and so arranged that the stream of water ascends like the jet of a fountain. He then washes his bottle or glass, as the case may be, in the usual manner, carefully removing every visible impurity, and then, while the vessel is still wet, he should hold it over the fine nozzle (which must be fine enough to pass through the neck of the smallest size bottle he has to wash), and while in that position open the stopcock and allow the stream to strike against the bottom of the glass or bottle he is washing; in this way, as soon as the water mixes with the remains of the medicine, it flows down the sides of the vessel and escapes into the sink, and in a very short time not the slightest trace of medicine can remain in the glass or bottle. It can then be drained and dried in the ordinary way.

On the Dose.

It is essential to the principles of homœopathy that medicines should be given in doses too small to produce their physiological effects. As regards minuteness of dose, however, there is no fixed limit; and hence it follows that all doses have their advocates, ranging from a few drops

of the mother tincture up to the highest attenuations. In order, however, to afford some general idea of the sort of doses usually employed, two lists are given in the *Table of Medicines*. The first quoted from Dr. Quin's Pharmacopœia, and which is for the most part those originally proposed by Hahnemann; and the second quoted from Jahr's *Symptomen Codex*, which is chiefly on the authority of Noack and Trinks.

On Writing Prescriptions.

The peculiarities of homœopathic pharmacy entail certain peculiarities in prescribing which must be noticed.

1. Since there are numerous preparations of each medicine, it is essentially necessary to mark this after the name of the medicine. For example, it is not sufficient to order *Belladonna*. The name must be followed by the sign denoting the particular preparation. Thus:

Bell. ϕ , Bell. 3x, Bell. 6, Bell. 30,

would denote respectively *the mother tincture, the third decimal, the sixth centesimal, and the thirtieth centesimal attenuations* of the medicine.

2. After the sign denoting the preparation must follow the usual signs for the quantity; and in connection with it must be a notification as to whether *triturations, tinctures, pilules, or globules*, are wanted. Thus:

Merc. vivus 3x grs. 2 = 2 grains of 3rd decimal trituration.

Merc. vivus 6 gtt. 2 = 2 drops of 6th centesimal tincture.

Merc. vivus 6 pil. 2 = 2 pilules of 6th centesimal attenuation.

Merc. vivus 30 gls. 3 = 3 globules of 30th centesimal attenuation.

These may be written thus:

Merc. vivus grs. $\frac{2}{3}x$, gtt. $\frac{2}{6}$, pil. $\frac{2}{6}$, gls. $\frac{3}{30}$.

Following these necessary rules, the homœopathic prescriptions will assume some such forms as these.

For Powders.

Aconitum 3x gtt. iij;

Sacchar. Lactis, grs, vj. M.

Fiat pulvis. Mitte tales iv.

Sig.—Dissolve a powder in dessert-spoonfuls of
water, and take one dessert-spoonful every hours.

For Mixtures.

Belladonna 12, gtt. vj;
Aqua destill., 3 vj. M.

Sig.—A dessert-spoonful to be taken every hours.

Two things are especially to be recommended, viz., that all prescriptions should be written in such a manner that any homœopathic chemist may read them with certainty and facility; and that the directions for taking the medicines should be so written that both the patient and chemist can understand them.

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By E. W. BERRIDGE, M.B. Lond.

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REVIEWS.

Experimental Researches on the Causes and Nature of Catarrhus Æstivus (Hay-fever or Hay-asthma). By CHARLES H. BLACKLEY, M.R.C.S. Eng. London: Ballière, Tindall and Cox. 1873.

The work before us is as fine a specimen of untiring industry in research, of ingenuity both in devising and carrying out experiments, and of caution in deduction, as we remember to have met with. A sufferer from that exhausting and irritating disorder known as hay-fever, Mr. Blackley has not unnaturally been stimulated to ascertain its cause, and if possible to learn by what

means he and others may escape its influence. In the first part of his undertaking he has been eminently successful; the second he has but partially accomplished; though we cannot but hope that the results already achieved may in the end lead to the discovery of measures which shall enable us to treat with satisfaction to ourselves and our patients this hitherto baffling malady.

The circumstances to which the origin of hay-fever has been attributed by different authors first occupy Mr. Blackley's attention. In his elaborate investigation he has made "each of the supposed causes the subject of separate as well as of combined and repeated experiment"; by this course he has been able to "eliminate such as have no power to produce the symptoms of the disorder." Experiments were therefore made with benzoic acid; coumarin—an odoriferous principle found in some of the grasses and in the plants of several of the other natural orders; with odours of various kinds; with ozone; dust; pollen; light and heat. With benzoic acid the results obtained were entirely negative; with odours derived from the hydro-carbons, from flowers and herbs of various kinds, and from some of the fungi, the conclusions can only be regarded as less negative than those afforded by experiments with benzoic acid; at the same time the subject of the physiological action of these odours is one calling "for much more careful investigation than it has yet received." Ozone Mr. Blackley found capable of producing symptoms having some resemblance to those of hay-fever, when present in considerable quantity; but that it will not do so, when only in the amount ordinarily met with. Dust is so complex, and in its composition so variable a substance, that it is impossible to derive any accurate information from experiments made with it. With pollen Mr. Blackley made a very extensive series of experiments, selecting for this purpose that produced by various specimens of thirty-seven natural orders. From these experiments he has been able to show that pollen possesses the power of producing hay-fever both in its asthmatic and its catarrhal form; and that, with some rare exceptions, this power is common in some degree to the pollen of all the plants experimented with; while it is especially well marked in those belonging to the *graminaceæ*. He has further inferred from his observations that "the disturbance caused by pollen is due partly to its mechanical, and partly to its physiological action." It would seem to us that, pollen being shown to be the only one out of the many irritants which may be found in our atmosphere that is capable of producing this particular form of disorder, that ordinary dust, *e.g.*, unless consisting largely of pollen, will not provoke it, and that overgrown pollen is not so active as that which is fresher and younger, the disturbance excited must be due to its physiological action. Attacks of hay-fever have by some

been attributed to the odours given off by some animals, such as cats, guinea pigs and mice. Without being able to contradict this hypothesis by positive evidence, Mr. Blackley thinks it far more likely that the fur of these animals may be simply the carrier of the granular matter and pollen of hay, a view in which we perfectly agree with him. From his study of the influence of light and heat in giving rise to hay-fever Mr. Blackley concludes that it has never been satisfactorily demonstrated that the disease is traceable to either of these agencies alone.

We come now to the fourth chapter, that which, to our thinking, is the most interesting in the book. In it Mr. Blackley describes his investigations into the quantity of pollen found floating in the atmosphere during the prevalence of hay-fever, and its relation to the intensity of the symptoms. The cautious and tentative way in which the experiments whence the inferences arrived at were made, the ingenuity displayed both in the apparatus devised for making these experiments, and in the manner in which early failures and difficulties in experimenting were surmounted, are worthy of admiration, and form an excellent study as well as example for all investigators of physical science.

Mr. Blackley has clearly proved that, as a rule, the gravity of the symptoms of hay-fever is in direct proportion to the quantity of floating pollen; but at the same time he remarks that "there also seems to be some influence at work which, independent of quantity and of the condition of the patient, alters the power of producing hay-fever." He then adds, "whether these alterations are due to one and the same cause I am not at present able to say, but there is no doubt in my mind that such a cause exists, and that this occasionally alters—so far as hay-fever is concerned—the properties of pollen" (p. 141). He has also noted the interesting fact that in the district in which his experiments were made ninety-five per cent. of all the pollen collected belonged to the *graminaceæ*. Especially interesting are Mr. Blackley's enquiries into the height to which pollen ascends. He found by repeated experiment that at an altitude of 1,000 feet the quantity of pollen present was nineteen times greater than that discovered in the lower strata of the atmosphere. The collateral interest of these experiments is great; and their influence on the theories of spontaneous generation, put forward with so much confidence of late years, cannot fail to make itself felt.

The influence of rain upon the diffusion of pollen is, as might be expected, well marked, and dependent both upon the quantity falling, the duration of the rain, and the kind of weather immediately following its cessation. "A humid state of the atmosphere will not permit pollen to be thrown off freely, although it is a condition in which growth may go on rapidly if the tem-

perature is high enough." "A gentle rain, for a few hours at a time, followed by a day or two of sunny weather, was, if the temperature kept moderately high, more favourable to the formation and discharge of a large quantity of pollen than even days of heavy rain, followed by a long period of very hot and dry weather." Pp. 129, 128.

Just in proportion as meteorological conditions are favourable or unfavourable to the growth and dissemination of pollen do the symptoms of hay-fever appear to increase or diminish. How important the recognition of this fact is in estimating the influence of any remedial agent Mr. Blackley does not omit to point out. "Until," he says, "I found that such variations [in the quantity of floating pollen] did occur, I was never fully able to account for the alteration in the intensity of the symptoms which I often noticed during the hay season in my own case. In the earlier years of my attacks I was inclined to attribute the amelioration to the action of the remedy I happened to be using at the time. I am now satisfied that the remedies had little or nothing to do with these alterations in the intensity of the symptoms." P. 129. One cannot help wishing that we had the power of checking the remedial power of medicinal agencies with equal accuracy in other forms of disease!

In his enquiry into the causes of the greater prevalence of hay-fever now than formerly, we do not think our author is so successful, certainly he is not so convincing as he is in the other parts of his work. That some, at present undefinable, constitutional peculiarity exists, rendering its possessor peculiarly amenable to the influence of pollen, is, we should think, highly probable; and the question, whether the proclivity to this disorder is or is not hereditary, becomes one of great importance. Into this we are somewhat surprised that Mr. Blackley has not entered.

The description of the symptoms of hay-fever is well drawn, but our limited space precludes our following the author through it.

All kinds of treatment with the view of curing the disease appear to have failed; and when we consider the nature of the exciting cause, such a result is in no way surprising. Indeed, it would seem to us that any attempts of the kind must be directed towards remedying the constitutional peculiarity—whatever that may be—which creates the susceptibility to the poison of pollen. Here all is dark, and the best course a hay-fever subject can adopt—indeed the only one open to him—is to spend that portion of the year, when pollen prevails, in a district where its sources are at a *minimum*, such, for example, as the centre of a large town, or at the seaside where there is a long stretch of coast line.

Mr. Blackley's book is one full of instruction, and deserving of careful study by all who take an interest in the natural sciences.

Mission from Cape Coast Castle to Ashantee. With a Descriptive Account of that Kingdom. By the late T. EDWARD BOWDICH, Esq. New Edition. With Introductory Preface, by his Daughter, Mrs. HALE. London: Griffith and Farran. 1873.

The interest which is now centred upon the barbarous kingdom of Ashantee is only equalled by the scanty amount of reliable information we possess respecting the manners and customs of its people. At such a time a work like that before us, the product of personal observation under peculiarly favourable circumstances, the result of much arduous enterprise and dangerous adventure, marked by great keenness of insight into character, and firmness of determination in overcoming all obstacles to the acquirement of the knowledge sought, is especially welcome. Our thanks are therefore due to Mrs. Hale for having edited this edition of her father's account of his "Mission," first published some fifty years ago.

Mr. Bowdich was appointed in 1817 a member of an embassy sent by the since defunct African Company from Cape Coast Castle to the King of Ashantee, with the view of endeavouring to check his frequent invasions of the country of the Fantees, to conciliate him, and to propitiate an extension of commerce. The first part of the book consists of a narrative of the journey from Cape Coast Castle to Coomassie, of the events of interest which marked the stay of the embassy at the capital, of their intercourse with the king, the ceremonies and customs of which they were the witnesses, of the many difficulties which had to be encountered ere the treaty which was to bring "perpetual peace and harmony between the British subjects in this country and the subjects of the Kings of Ashantee and Dwabin," was finally settled, and of the hazardous and exciting scenes through which Mr. Bowdich and Mr. Tedlie passed on their return to the coast.

Interesting as this portion of the book is, from the life-like account it gives of the character of the people with whom we are now at war, the second part is still more so. This consists of chapters on the history of Ashantee, its constitution and laws, the superstitions and customs of the people, their architecture, arts, and manufactures, the climate, population, revenue, natural history, music, materia medica, and diseases of the country.

The last chapter was written by Mr. Tedlie, the surgeon who accompanied the mission. Syphilis, scrofula, bronchocele, itch,

tinea capitis, hydrocele, and frambœsia or "yaws," were the most frequent diseases met with by Mr. Tedlie; and he appears to have had considerable success in his treatment of them. "Frambœsia," he says, "is a very frequent disease with the children of the poor and slaves. Before the eruption takes place, they are severely afflicted with pains in the joints, and along the course of the muscles of the superior and inferior extremities. In young persons, hard, round, bony excrescences, the size of a walnut, form on each side of the nose under the eyes. The natives either are not acquainted with a remedy for this enlargement of the bones, or, if they are, they do not put it in practice. I administered alterative doses of calomel and antimonial powder with success, as it stopped the enlargement of the bones and caused them to be absorbed, and relieved the pain in the arms and legs particularly." (P. 287.)

Those who desire to be well informed regarding the people and the country our troops are now endeavouring to subdue, cannot do better than read Mr. Bowdich's account of his mission. The information it contains is as applicable now as when first offered to the public half a century since, for in the meantime but little change has taken place in the political and social aspect of Ashantee.

Annual Record of Homœopathic Literature. 1873. Edited by C. G. RAUE, M.D. Boericke and Tafel, New York and Philadelphia. London: Henry Turner & Co.

The volume before us is one in every way creditable to all concerned in its publication. It exhibits in a very favourable light the large amount of literary and scientific work accomplished by homœopathic physicians in America and Europe in the departments of Materia Medica, Medicine, Surgery, and Obstetrics.

The extracts are collated with care, are thoroughly practical in character, and evince the earnestness with which Dr. Raue and his fifteen assistants have endeavoured to skim the cream of our periodical literature.

The book is well and clearly printed, and published in a good, substantial manner, entitling Messrs. Boericke and Tafel to much commendation.

To all medical men engaged in practice this "Annual Record," with its full and excellently arranged index, will prove most serviceable. The study of many a difficult case will be much facilitated by a reference to it. It is, in short, a very practical, comprehensive, and useful volume. Being so, we advise our colleagues to add it to their libraries.

EXTRACTS FROM MEDICAL LITERATURE.

THE following is the conclusion of a leading article in the *Brit. Med. Journal*, Oct. 4th, entitled "A Few Words to Students." It is unnecessary to say more of it than that it forms an instructive commentary on the views of such men as could pen the scandalous article entitled "A Dying Faith." The italics are ours:—"Every man who enters upon the medical profession in this day should feel himself in some sense an apostle of science as well as an apostle of humanity. Many centuries of observation without precise instruments, without accurate physical knowledge, without advanced chemical skill, *have left medicine a formless chaos of doubt and uncertainties*, swaying backward and forward, through excesses and reactions, in *favour of and against bloodletting, mercury, purgation, tonics, alcoholic stimulation, and the like*. *There are very few drugs, if any, of which we know the action, more than very roughly and incompletely*. There are very few diseases, if any, of which we even know the natural history completely. And there is perhaps not one of which we could say that it would be treated exactly in the same way by a dozen men, if they were all called separately to treat it at the same time and in the same patient. There is, therefore, much to be done; and to take his part in the work, and to be at all worthy of his functions as a healer of men, the student must learn to appreciate and to use all the resources which modern science places at his disposal. He must become an anatomist, a physiologist, a physicist, a chemist, and a skilled clinical observer. He must value above all things a sound and thorough familiarity with the means which are now in use of physical, chemical, and optical investigation of diseases; and he must learn to feel that, even when skilled in their use, he is practising an art which taxes all the faculties, and which the greatest men have found to impose a severe strain upon their industry, their intelligence, and their strength of purpose."

The following account, by Dr. S. RINGER, in the *Lancet*, Sept. 27th, of the accidental poisoning of Dr. Sharpey by atropia affords an extremely interesting proving of *atropia*. Besides the action on the bladder, the general state of Dr. S. cannot fail to strike every one as very much resembling a case of delirium tremens, in the treatment of which disease *belladonna* in homoeopathy holds a prominent place.

"On Sunday morning Dr. Sharpey was in his usual health. A little before 1 o'clock the servant was alarmed by hearing a heavy fall, and, on entering the room, found Dr. Sharpey lying on his face in the corner, apparently insensible. She called

assistance, and Dr. Thane was immediately sent for, who has given me the following account:—

“ ‘I found the patient sitting on the floor, supported by two servants, making futile efforts to rise. He was unconscious, and speaking incoherently at intervals. The skin was hot and pungent, face flushed, veins of forehead turgid, and head burning. Pupils slightly dilated, conjunctiva not injected, breathing natural, pulse 110, irregular, generally full, but varying much at intervals; heart's action irregular, and apparently obstructed; teeth and lips dry, and covered with sordes.

“ ‘We immediately placed him on the bed, but had great difficulty in keeping him there, as he was extremely restless and wanted to get up. He had no paralysis, moving all his limbs freely and forcibly.

“ ‘Gin and water, and, as soon as possible, ice were applied to the head, and mustard poultices to the calves of the legs. Small doses of sal volatile in water were administered, about six or eight drachms in all. After each dose he seemed rather better.

“ ‘He became more restless and delirious, talking constantly about his affairs apparently, and busy with his hands, pulling the bedclothes about. On asking loudly if he had any pain in the head, he replied, “No pain whatever.”

“ ‘It now became impossible to keep him in bed, and very difficult to prevent his walking about. He expressed a constant and frequent desire to pass water, but did not succeed in doing so. The bladder was found empty on percussing the abdomen.’ ”

“ ‘I met Dr. and Mr. Thane at five o'clock, and found Dr. Sharpey in the following condition:—He was sitting on the edge of the bed delirious, and a little drowsy. He looked at me but did not recognise me. We could not attract his attention without speaking loudly to him. We tried to lead him to bed, but he expostulated with us, and said he should lose his train, that all his things were packed up, and that he must start immediately. We undressed him, but he warmly resisted, telling us continually that he should lose his train. He clutched hold of his things, and tried to pull on his trousers and to tie on his necktie. He displayed considerable strength, but his movements were rather unsteady, as if he had lost some control over his limbs, for when he tried to wipe away the dried mucus from his lips he raised his right hand with apparent difficulty a short way from his mouth, and then, with an effort and rather unsteady movement, raised his left hand and touched his lips. We lifted him into bed, but were obliged to restrain him, as he struggled to rise almost incessantly. He kept his eyes closed, but on speaking to him loudly he looked at us, caught perhaps one word or part of a sentence, repeated it, and said: ‘Ah, I shall

lose my train.' We could not make him understand where he was, nor that he was ill and must keep quiet. He incessantly talked about his imaginary journey, and warmly expostulated with us for forcibly detaining him. He was not quarrelsome nor ill-tempered, but attempted to reason with us. There was no paralysis nor twitching nor involuntary movements. His head and face were much flushed, and felt hot; the pulse full, bounding, and irregular. His speech was thick, probably from dryness of the mouth and throat. Owing to a recent operation for cataract we could not accurately learn the state of the pupils. His breathing was natural; his skin felt hot and dry, and his lips were covered with dry mucus. He was troubled with a frequent desire to make water.

"At 9.30 p.m. the drowsiness had quite disappeared, but he was still more delirious and talkative. His hallucinations were the same, and he resisted still more energetically our attempts to keep him in bed. In fact, he jumped out of bed several times, and insisted on dressing himself. His movements were now quite steady and completely under his control. His voice was natural; his pulse softer, less full, and less frequent; his skin moist. He frequently asked for water to drink. He still had a frequent desire to micturate, but passed only a moderate quantity of water. We gave him thirty grains of bromide of potassium, and left a little after 10. During the night the delirium gradually subsided, and in the early morning Dr. Sharpey had sufficiently recovered to quiet the alarm of his friends by telling them he had taken some atropia by mistake, and thus accounted for his symptoms, which we had hitherto been unable to explain.

"At half-past nine next morning Dr. Sharpey had almost entirely recovered; there only remained a little difficulty in recollecting what had occurred shortly before he became insensible. His tongue was thickly loaded with a dirty grey fur. There was no rash nor pain in the head throughout.

"At my request Dr. Sharpey has given me the following account of his own recollection of his condition.

"DEAR RINGER,—As you ask me to give some account in writing of what I can remember of my condition after taking atropia the other day, I feel bound to comply with your request, and so far make amends for the trouble and anxiety caused by my unpardonable mistake. It was some time on Sunday forenoon that, meaning to take a little quinine, I dropped from a phial which I believed to contain quinine, some 60 to 80 drops into a tumbler, with a little water, and drank off the whole. It then appeared to me that the bitter taste was not that characteristic of quinine, and the liquid was not fluorescent; and on looking again at the phial I remembered that it contained solu-

tion of sulphate of atropia, but as I believed it was a very weak solution I apprehended no bad consequences, and began to look over some papers. About one o'clock, however, I had gone into my bed-room for a glass of water, as I suppose, and fell down with a heavy fall, the noise of which brought up the servant, and I was found senseless on the floor with an empty tumbler beside me. I have no recollection of this fall, nor of what occurred for some time after, but I was speedily attended by Dr. Thane of Montague-street and his son, and at a later hour also by yourself.

“The first thing I can recollect is, that I was struggling with people in the room, amongst whom, as I afterwards learnt, were Dr. Thane and yourself, also my nephew, Mr. George Goodall, whom I at once recognised when he told me who he was. I suppose I must have been very fractious in my delirium. I imagined I had to go off by a railway train, which started at ten in the morning, and that the hour was approaching, whilst I had nothing ready for the journey; and I believed that I wished to dress, and to pack my things, but was thwarted and prevented by the people about me. At length I was persuaded that it was too late to catch the train, and agreed to wait till the evening. I may here explain that I had come from Scotland by rail on the previous Thursday. I then became sensible that I was lifted into bed, and ordered on no account to rise, which I thought a most unreasonable restraint, especially as I was tormented with irritation in the bladder, and almost incessant desire to pass urine, which was in very small quantity. In this way I passed a very restless night, but slept fairly in the morning. Meanwhile my head began to clear; I remembered having taken atropia, and then was able to attend to my condition with some degree of intelligence. I had an intense feeling of dryness in my throat, which I knew to be an effect of the poison; this abated towards morning; then, although I could move my body and limbs, it was only by a great effort, and when I raised my arms they felt as if made of lead. This I ascribed to partial paralysis of the motor nerves, and I watched with some interest the return of power as the night advanced. As to my sensations, they were not blunted, but I misinterpreted them. Thus, I felt a wet cloth on my head, but supposed I had been out in the rain without my hat; and a dose of bromide of potassium given to me I recognised as a saline solution, but imagined it was mineral water from the Airthry spring which I had tasted on the spot some ten days before.

“When I woke up I was astonished on being told it was Monday. I imagined the affair happened on Saturday. I then found Dr. Radcliffe, who had kindly come to see me, and in return gave him an account of the result of my unintentional experiment.

“ ‘ It remains for me now only to express my deep sense of obligation to yourself, Dr. Thane, and other friends, for your kind attentions, and my regret for the anxiety you all suffered on my account.—Yours sincerely,

“ ‘ Dr. Ringer.’ ”

“ ‘ W. SHARPEY.

The *Med. Rec.*, Oct. 15th, contains the following interesting case of *Poisoning by Camphor*:—“ Dr. KLINGELHÖFFER relates (*Berliner Klinische Wochenschrift*, Sept. 1, 1873) the case of a strong and healthy married woman, who at 11.30 A.M. swallowed about two grammes (30 grains) of powdered camphor suspended in water. Immediately after swallowing the dose she was seized with giddiness, for the relief of which she went out of her room, but the giddiness increased and compelled her to return. Thinking that the camphor had made her ill, she drank some coffee, which excited vomiting. The symptoms continued to become worse, the giddiness increased, headache came on, with burning pain in the stomach, eructations, great thirst, and a sense of formication in the extremities. When seen about six hours after the dose had been taken, the patient was sitting on a sofa supported by cushions; there were total loss of appetite, great thirst, occasional eructations having a strong odour of camphor; the urine had been passed in large quantity, probably in consequence of much water having been drunk. The countenance, naturally red, was pale; the forehead, cheeks, and hands were cold; the breath had the odour of camphor; the pulse, between 90 and 100, was small and irregular. The giddiness and tremor which had affected the whole body had passed away, but there was constant movement of the hands. She could walk, but with difficulty. She was ordered to lie in bed, to apply cold wet cloths to the head, hot bottles to the feet, to drink freely of water, to have a laxative enema, and take confection of senna. The following morning, at 9 A.M., she was much better, though she had had but one hour's sleep during the night. She had vomited soon after taking the senna confection, and there had been a free action of the bowels. There remained a slight camphorous odour in the breath, and she complained of an uneasy feeling at the back of the head. In the course of the day she got up, and from that time she was convalescent.”

At last, the advanced allopathic mind, after centuries of purging in cases acute and chronic, has come to perceive the harmlessness of constipation in many cases, especially acute cases. We have been long surprised that it never struck the allopaths as a piece of common sense, that in acute cases constipation is what is to be expected, and is as much a part of the general fever as the thirst, the dry tongue, and the quick pulse are, and that with the subsidence of the feverishness the constipation vanishes. It is therefore refreshing to read such an article as the following

from a lecture by Prof. SKODA, of Vienna, on Constipation in Pneumonia. *Med. Rec.*, Nov. 5th:—"There is not any physician who has not had occasion to observe that pneumonia is often accompanied by a state of obstinate constipation which may be greatly prolonged. It is natural, therefore, to ask oneself if it is proper to interfere in these cases in order to put an end to the constipation. This question of constipation in disease is more important than it seems at first. But before entering on its study, we must first enquire what is the interval which separates the stools of persons in perfect health. These data will serve to form our judgment, and we can then decide whether the constipation which arises in any illness can have any influence or not on the evolution of that malady. The observation of facts teaches us that the time which elapses between different stools is not the same in all individuals. The greater number have one stool a day; others also numerous have only one in two or three days. There are yet others who only experience this need at intervals yet more distant. On the other hand, there are individuals in the most perfect state of health, who have two stools a day. The physician ought not to forget this fact, when he finds himself in the presence of a commencing diarrhoea; it is especially important from the prognostic point of view. As we possess as yet only very imperfect notions of the reasons of these physiological differences, we will here content ourselves with pointing them out to the attention of physicians, and will abstain from further commentary. There are even cases of persons in whom the retention of fæces persists, not only for some days, but even for many weeks. This is seen especially in women. In these cases the first evacuations are accompanied by violent pain, which may be so severe as to provoke syncope. During the whole duration of this obstinate constipation, it is often impossible to succeed by any means in forcing a stool. Nevertheless, appetite may be preserved, the individual takes food, and even experiences only relative inconvenience. The quantity of food ingested is necessarily very small, but it is none the less a very singular thing to see the need for alimentation continue, in spite of the complete absence of evacuation. Does the diversity which we indicate in the habits of different individuals exercise an influence on their state of health? On this point observation shows us first that the stools of individuals in whom constipation has lasted some days are in no way different to those of persons who go to stool every day. Fæcal matters can, then, remain entire weeks in the intestinal canal without undergoing sensible modifications. It follows that substances ingested during the time that constipation lasts, are digested and absorbed, and that the fæces remain constituted by the residue of digestion as in the case in

which an evacuation is produced every day. From all these facts one has the right to conclude that fæcal matters may sojourn for a long time in the intestinal canal without undergoing any modifications prejudicial to the organism, and that constipation does not constitute in itself a state very dangerous to the general health. Thus we are enabled to reply to the question above stated: The differences observed among individuals as to the number of their stools in a given time do not induce modifications in the health of these individuals. This is a fact well established by experience, and which has been hitherto too much overlooked in practice. How much harm has been done by the untimely employment of purgatives, which might have been avoided by the simple knowledge of this fact. We think it our duty, therefore, particularly to insist upon it, for it is not without danger in a number of cases that purgatives are administered. And we shall avoid falling into many errors if we keep in mind this fundamental truth of the harmlessness of constipation."

Propylamine has lately been vaunted in the allopathic journals as a genuine cure for *Acute Rheumatism*. It is instructive, however, to hear what M. SÉE, the celebrated Professor of Therapeutics in Paris, says of it. The following occurs in the letter of the *Brit. Med. Journ.* correspondent (*B. M. J.*, Sept. 27th):—"I heard Professor Sée, a well-known therapist, remark at a public lecture lately that the cures announced by the partisans of propylamine were those that would have been effected by any other treatment, or even without any treatment at all, as, from what he could learn from the observations published, the propylamine was generally administered about the middle or near the decline of the attack. To form a just estimate, continued M. Sée, of the real value of any new remedy, it should always be given at the very commencement of a disease; and it is only after having observed its effects in some hundreds of cases, and not in sixes and sevens, that one might be better able to assign it a place in therapeutics. This applies particularly to rheumatism and to all affections that run a certain definite course which is natural to them. In short, after a close study of the chemical, physiological, and clinical properties of propylamine, M. Sée found that its effects are due to the presence of ammonia, in which case it would be far better to adopt the latter than the filthy stuff extracted from herring-brine."

The *Lancet*, Nov. 29th, gives the following on the *Use of Arsenic in Phthisis*:—"L'Union Médicale sums up Dr. Jaccoud's experience of the above, as related in the recent publication of his clinical lectures. 'Arsenic powerfully ameliorates the nutritive process in chronic pulmonary phthisis. It abates nervous excitement, and possesses a marked antifebrile action, which

can combat efficaciously the evening intermittent attack. Dr. Jaccoud exclusively prescribes granules of arsenious acid, containing one milligramme each of the substance ($\frac{1}{66}$ gr.). They are taken at the beginning of the two principal meals. Dr. Jaccoud begins with two granules daily, and every eight days the dose is increased, until it attains from eight to ten a day, which is the maximum dose. This maximum dose is kept on as long as there is no production of acute symptoms, with pseudo-continued fever.' ”

An additional notice in the *Lancet*, Oct. 18th, gives the following on the *Treatment of Skin Diseases by Electricity*:—“The (New York) *Medical Record* for August 15th contains a remarkable collection of cases of obstinate skin diseases which have been treated by Messrs. Beard and Rockwell by means of central and local galvanisation and faradisation. ‘During the past two years,’ they say, ‘we have treated a number of cases of eczema, prurigo, and acne, by *central galvanisation* alone, without making any application to the diseased surface whatever; and under this method of treatment the results have, in some instances, been more satisfactory than under any other method of using electricity in these affections.’ Their method of applying galvanism is to place the negative pole to the epigastrium and the positive to the back, moving it by turns along the whole extent of the cerebro-spinal axis, thus, as they say, ‘bringing the whole central nervous system under the influence of the current.’

“With regard to eczema they say: ‘At first we used localised galvanisation in eczema, with sponges, cloths, and the metallic brush, and obtained thereby great relief of the itching, and, in time, cure.’ Latterly, however, they have discarded the local applications, and have confined themselves almost entirely to centric galvanisation. The first case is that of an Irish servant, aged fifty-one, suffering from chronic eczema of the leg of eight years’ duration, which had resisted all the ordinary remedies. Central galvanisation was first employed on April 23rd, with the immediate result of giving much relief, and on June 15th she was discharged cured. Five other cases of chronic eczema are reported, all of which were improved by the treatment, having previously resisted the more ordinary therapeutic measures. It is notable that the application was in every case followed by the immediate alleviation of the itching and burning pains which prove so tormenting in these cases. A case of acne rosacea treated by localised galvanisation is recorded, and two cases of chronic acne are mentioned which were cured, the one by local, and the other by central, galvanisation. This method of treatment has been remarkably successful in prurigo, the itching being almost instantaneously relieved. Psoriasis and pityriasis have not yielded readily to this treatment, but the

pains accompanying herpes zoster have been in all cases greatly relieved. The last case recorded is one of elephantiasis of the legs, which was rapidly improved by local galvanisation, the first sign of improvement being, as usual, the disappearance of all pain."

Mr. BENSON BAKER contributes the following to the *Brit. Med. Journ.*, Oct. 25th:—"Croton-Chloral Hydrate.—The profession and the public are chiefly indebted to Dr. Oscar Liebreich for the introduction of chloral hydrate; and this obligation is further increased by the addition of croton-chloral hydrate, which will doubtless prove an equally valuable therapeutic agent. It is of the greatest service in cases of nerve-pain. Every sufferer from neuralgia is anxious to obtain speedy relief from pain; this may be obtained by taking croton-chloral hydrate, and then the antecedent causes of the neuralgia may afterwards be inquired into and treated accordingly. The following cases are interesting, as showing the immediate relief from pain that this drug affords.

"A. suffered from facial neuralgia of a most severe character; it affected her hearing and eyesight. She could not rest or take food. She took one grain of croton-chloral hydrate every hour. In three hours she was considerably better. After taking three more doses, she was entirely free from pain.

"B. suffered much from facial neuralgia dependent on decayed teeth, and had not been able to take food or sleep for three days. She was ordered croton-chloral hydrate in grain-doses every hour, and obtained great relief after two doses. Six doses removed the pain completely. She slept that night.

"C. This patient suffered from concussion of the spine caused by a railway accident some years ago. She has had every variety of treatment for the pain she suffers in the spine and the nerves proceeding therefrom. She took potassium bromide gr. xx., and croton-chloral hydrate gr. i., three times a day, with marked relief, and no bad symptoms.

"E. This is a young dyspeptic and neuralgic patient, and suffers greatly from dysmenorrhœa. She took two-grain doses when the paroxysms of pain came on, with marked relief.

"F. has been under treatment for various neuralgiæ for some years. She has had, at one time or another, almost every external and internal agent in the *Pharmacopœia*—strychnia, iron, quinine, ammonium, chloride, aconite, belladonna, iodine, bromine, blisters, hypodermic injections, galvanism, together with baths and other hygienic appliances, including change of air. In this case, two-grain doses of croton-chloral hydrate every hour afforded more speedy relief from pain than any of the above remedies. After taking eight grains, she was almost free from pain.

"In thirteen patients who have taken croton-chloral hydrate,

not a single bad symptom has been observed. In grain-doses, it relieves pain quickly; causes natural sleep; no subsequent headache or furred tongue. In several cases, it acted as a gentle laxative."

A great advance has lately been made in *Surgery* by Prof. ESMARCK of Kiel, and is attracting great attention at present. The improvement has been tried with most successful results in most of the principal hospitals. It is that of rendering operations bloodless or almost entirely so, by the use of elastic bandages on the limb, previous to operation. Prof. Esmarck thus describes the process (*Med. Rec.*, Oct. 22nd):—"While the patient is being chloroformed, we wrap the leg in waterproof varnished tissue-paper, so that the pus from the sinuses may not soil the bandages; then, with these elastic bandages, made of india-rubber webbing, we envelop each leg from the tips of the toes to above the knee, and, by equal compression, force the blood out of the vessels of the limb. Immediately above the knee, where the bandage ends, we apply this piece of india-rubber tubing four or five times round the thigh, drawing it very tight, and fastening the hooks which you see at one end to the brass rings at the other. The india-rubber tubing compresses all the soft parts, including the arteries, so completely that not a drop of blood can pass into the part which has been tied off. It has this advantage over all tourniquets, that you can apply it to any part of the limb, and need not give yourself any trouble about the position of the principal artery. Even in the most muscular and fattest individuals, you can perfectly control the flow of blood in this simple way.

"We now remove the india-rubber bandage which was first applied, and the varnished paper lying under it; and you see that both legs, below the compressing tube, perfectly resemble the legs of a corpse, presenting in their pale colour an almost dismal contrast with the rosy hue of the remaining parts of the surface. You will see, too, that the operation will be in all respects like one on a dead body."

The operation is then performed in the ordinary way, except that the parts being bloodless are more easily examined. The operation described in the paper is one for necrosis. He goes on to say:—

"The operation is now ended. We wash the wounds with carbolised water, to destroy any septic organisms that may be remaining in them; lay in them some pieces of gauze soaked in solution of chloride of iron, so that they may line the walls; and fill both the large cavities above the level of the external integument with German tinder. Each of the plugs is well pressed in by means of a gauze bandage soaked in carbolised oil; over this comes a layer of varnished tissue paper, which encloses the

whole leg in an air-tight case; and the whole is secured by an ordinary bandage.

"Now for the first time we slowly remove the compressing india-rubber tube. You see how the pale skin of the foot reddens, at first in spots, then all over, becoming, indeed, of a darker red than the rest of the skin of the body. Observe the dressing of the wounds under the transparent paper; you see that no blood whatever penetrates through the gauze bandages. The patient has thus lost altogether not more than a teaspoonful of blood. And now observe the still calmly sleeping patient; he has the same red cheeks as before the operation, his pulse is full and strong, and his convalescence will without doubt be more rapid and secure than if we had performed the operation for necrosis in the usual way."

This method of operation promises to form a new era in surgery.

D. D. B.

EXTRACTS FROM FOREIGN MEDICAL LITERATURE.

Chlorate of Potash in Open Carcinoma.—Prof. BUROW, sen., (*Berliner Klin. Wochenschrift*, VI., 1873,) gives the following as his experience of the use of the chlorate in cancer:—"Last summer I made the first trial with the local application of *kali chlor.* in a proliferating cancerous ulcer on the left forearm. The ulcer had about a circumference of 22 cm., and granulated to the length of 3 cm. The whole granulated surface was daily dusted over with *kali chlor.* The pain was at first great, but diminished in half an hour, and was never severe enough to justify the application of anodynes. It was then covered with a moist rag and some oilsilk. After eight weeks the granulations were gone and cicatrization began at the periphery. Since then I have treated four open cancers in the same manner. In one mammary cancer I began this treatment, after colossal destruction had already taken place and the adjacent parts were infiltrated and degenerated; still in all three mammary cancers the disappearance of the granulations was plain, as also the resorption of the adjacent infiltrations. One of these cases is still under treatment.

"Mrs. W., 51 years old, of gracile constitution, felt for several months pains in the left temporal region. Gradually a swelling arose in the zygomatic region, and the whole cheek became painful, till about April, 1872, it broke in the region of the fovea maxillaris at several places. This open ulcer gradually reached the size of a silver thaler, and burrowing inwards, destroyed the anterior wall of the maxillary cavity. Her emaciation became extreme, as she was tormented by constant excru-

ciating pains. All ~~anesthetics~~ failed. The tumor increased to the size of a man's fist, and the eye became closed. The infiltration reached upwards to the eyebrows, forward over the nose, outwards to the ear, the anterior wall of the maxillary cavity was destroyed, and large penetrating ulcers led to that cavity. For three months we steadily applied the *kali chlor.* At first the puffy edges of the ulcer began to diminish. The swelling decreased, the peripheric infiltrations were more and more absorbed. The eye could be opened, the pains ceased entirely, strength returned, and the ulcer not only diminished to the size of a groschen, but, instead of bulging out, the cheek now presents a caving in.

"In carcinoma uteri it promises well in regard to alleviating pains and foul smell, especially as the adjacent mucous membrane bears well the slightly irritating application. At any rate, whenever I energetically applied the pulvis *kali chlor.* to open cancer, it always caused diminution and shrinking of the granulations, resorption of adjacent infiltrations, diminution of the secretion and of the sensitiveness, and revival of the drooping spirits of the patient."

Paralysis of both Nervi Accessorii Willisii.—SEELIGMÜLLER (*Arch. f. Psychiatric* III. 2) describes a disease in a girl 24 years old, which began a few years before with difficulty of swallowing, and ended in paralysis and atrophy of both sterno-cleido-mastoidei and cucullares; paralytic symptoms at the velum palati (uvula to the right, arcus and uvula are nearly immovable at any attempt of deglutition) and at the larynx the rima glottidis remains wide during respiration, and on attempting to pronounce diverse sounds; speech is articulated and easily understood; not hoarse, but somewhat weak; pulse rather frequent (90 and over). There are also atrophy and paralytic weakness of the upper extremities, especially on the left side. Such a pathological state corresponds to the anatomical state, which Burchard and Heilderhain found about the course of the fibres of the internal ramus of the accessorius after its union with the vagus; and it is well known that the cucullaris and sterno-cleido-mastoideus are supplied by the ramus externus. These studies clearly showed that the nerv. pharyngeus contains nearly exclusively fibres of the accessorius, the n. laryng. sup. only a few on the ram. musc. crico-thyreodei, the laryng. inf. s. recurrens, and the rami cardineae exclusively fibres of the accessorius. Physiological experiments perfectly agree with it, as they constantly prove the dependence of the laryngeal muscles on the accessorius. The disease in question is a steadily progressing disease of the medulla oblongata and of the cervical cord, running its course slowly, from above downward, it began in the ramus inter. of the accessorius, and finally attacked the

motory nerves of the upper extremities, especially of the left side, a process allowing only the most unfavourable prognosis.

Ice in the Rectum in Chloroform Narcosis.—(*Bulletin Générale Thérapeutique*, April 15, 1873.)—According to Dr. BAILLÉE, there is no more energetic means of overcoming the narcosis produced by chloroform, than the introduction of a small piece of ice into the rectum. It can be pushed through the sphincter without the employment of much force. It immediately melts, producing a deep inspiration, which is the precursor of natural respiration, and the re-establishment of cardiac functions. He recommends the same plan to be pursued in cases of apparent death in new-born infants.

Digestion of Starch in Infancy (*Gaz. Med. Ital.*, Nov. 1872.)—It has been known that the saliva of newly-born animals has not the power of transforming starch into sugar. A recent experimenter has taken the pancreas from kittens and puppies, and has ascertained that the pancreatic juice in these animals, when young, is, like the saliva, incapable of converting starch into sugar. The bearing of this fact on the practice of giving starchy food to very young infants is obvious.

Temperature in Epilepsy and Hysteria.—Dr. BOURNEVILLE (*Mouvement Médicale*, II.) states that he has satisfied himself, from observations taken in the Salpêtrière and St. Louis Hospitals, that during an attack of epilepsy the temperature augments; so also in attacks of epileptiform hysteria the temperature rises. On the contrary, in pure hysteria there does not appear to be any increase. He thinks that by this means it is possible to distinguish an attack of true from one of feigned epilepsy. When the disease is stimulated, the attacks are always the most severe possible, yet the temperature does not rise above the physiological degree; but when the real attacks are severe, the temperature not only rises during the fit, but remains above the normal for several hours.

Pregnancy in the Aged.—Dr. MEYNEBT has communicated to us the following case which has fallen under his own observation:—A lady died at the age of eighty-five, having had four accouchements. The first took place at the age of forty, the second at forty-eight, the third at fifty-one, and the fourth at fifty-six. Five girls were born, of whom three are still living, the two twins being seventy-seven years old, and the youngest child seventy-one. These three persons, the two eldest of whom have been married and have had several children, still enjoy the most excellent health.—*Lyon Médicale*.

Action of Eucalyptol.—(*Schmidt's Jahrbücher*, III., 1873.)—Eucalyptol, when taken into the mouth, produces immediately burning on the tongue with a bitter after-taste. On the posterior wall of the pharynx a kind of acridity is felt, accompanied by a sensation of coolness in breathing atmospheric air (similar

to peppermint). Large doses produce severe burning in the pharynx and œsophagus, with hypersecretion from the glands lining the mucous membrane of the mouth and throat. In the stomach a sensation of heat is felt. Doses of 2 to 4 grms. produce eructations, pressure in the epigastrium and disturbances of digestion. The dyspeptic symptoms may become complicated with excitement, headache, increase of temperature, increased frequency of the pulse, and frequent thin stools having the smell of eucalyptol. Sphygmographic curves taken at that time show a decided decrease in the tension of the arterial system. Respiration becomes more frequent, thirst increases, and sleeplessness sets in in consequence of the dyspepsia or of the arterial excitement. Anæmic patients, on the contrary, become sleepy after the use of eucalyptol.

J. G. B.

NOTABILIA.

THE LONDON HOMŒOPATHIC HOSPITAL.

DURING the last four months alterations and improvements of considerable importance have been effected in the internal arrangements of this Institution. It will be remembered that the building was originally divided into three houses. These, with a degree of ingenuity worthy of much commendation, were converted into a very useful and fairly well-arranged hospital. As increased bed accommodation became needed, rooms at first not required had to be utilised. It was then found that the wards, nurses' rooms, and apartments of the Lady Superintendent were too scattered, too much separated to admit of that degree of administrative power which is essential to the efficient management of every large and important institution. The changes now made, provide as completely as possible for this additional control of all concerned in attending to the directions of the medical officers, and providing for the wants of the patients. As our readers will, we are assured, feel an interest in knowing the nature of these improvements, we will, as far as our space allows, conduct them through the hospital and point out the chief items in its partial reconstruction.

In the basement, the kitchen has been doubled in size, is better lighted and more fully ventilated. A sitting room for nurses off duty, and a porter's room, have been added. All this has been managed by a better adaptation of the space at the command of the Board. We are particularly glad to know that the baths, which have hitherto existed here, have been done away with, and that the necessary accommodation in this respect has been afforded in a more suitable part of the building.

The spacious hall and staircase on the ground floor have been appropriately painted, rendering the entrance much more cheer-

ful than it has hitherto been. The HAHNEMANN Ward, on the western side of the entrance hall, has been completely renovated, and is now provided with a bath room opening out of it.

Ascending the grand staircase we arrive at the first floor, where important alterations have been made. The EVE Ward—the central one on this floor—is now devoted to the Lady Superintendent's private use and to the purposes of a store room. This places her in the most convenient position in the house for directing the nurses in their duties, and renders her immediately accessible to all who may require information or guidance from her. The loss of space for beds entailed by this improvement, has been more than compensated for by provision made elsewhere. The four wards east and west of the Lady Superintendent's rooms have been put into thorough repair, and provided with new closets and baths. In carrying out these alterations and additions, the rooms lately occupied by the Lady Superintendent have been made use of. The arrangements have been so made as to enable the Board to supply all that may be required in closet and bath accommodation for a new ward to extend north of the CAMBRIDGE Ward, when the funds requisite to enable the Board to make this extension shall have been provided.

Proceeding by a secondary staircase to the second floor, we observe that the walls and ceiling have been painted throughout. The numerous small rooms which existed on this floor have been swept away, and converted into four spacious and well ventilated wards, with excellent closet accommodation. By appropriate painting and colouring, a very cheerful aspect has been accorded to each ward. The central ward on this floor is occupied by CHILDREN. In it toys, pictures and other means of affording amusement for the little patients are provided. Two sets of wards, with adjacent closets, have been arranged on this floor; one set in the western wing, and the other on the north-east boundary, giving every facility for special attention being directed to the treatment of acute and serious cases, either male or female. There is also an additional ward for any particularly urgent case.

The sleeping apartments of the Lady Superintendent and of the nurses and servants are on the upper floor; and the latter have been so arranged as to be under the immediate control of the Lady Superintendent, and to render her readily within reach of all.

In carrying out these alterations every attention has been paid to secure a due amount of light, thorough ventilation, and adequate warmth; supplies of hot and cold water are also furnished on each floor of the building. In these arrangements the most suitable of the many modern appliances introduced for such purposes have been employed.

Having now detailed as far as may be necessary the various alterations that have been made, we would invite all who may feel an interest in the prosperity of our Hospital to pay it a visit, and see for themselves the improvements that have been effected in providing for the necessities of the patients.

The means for carrying out these alterations have, we must here add, been derived mainly from the munificence of one of the oldest friends of the Institution. We trust that this act of generosity may stimulate the liberality of others who owe much to homœopathy, and that at this season of the year, when those who have during the past twelve months enjoyed health and prosperity are wont to remember others who have been less fortunately situated, some among them will give of their abundance to support and increase the efficiency of the London Homœopathic Hospital.

We must not close this brief sketch of the improvements in the Hospital, without informing our readers that the architect, to whom the Board and Governors are indebted for the designs which have been carried out, is Mr. PIRE, of the firm of Habershon and Pite; neither must we omit to draw attention to the fact that he has supplied them gratuitously. The result reflects as much credit upon Mr. Pite's professional skill, as his labour of love does upon his generosity.

"POISONING BY HOMŒOPATHS."

SUCH is the title accorded to a number of paragraphs which have appeared in some of the medical journals during the last few weeks! Great indeed has been the exultation which has followed the discussion at the Clinical Society to which we drew attention in our last number. Allopathic doctors have in divers instances employed these misrepresentations of homœopathy to bear on their endeavours to decoy back to their confidence those who have deserted them for homœopathic advisers.

"Homœopathic Camphor" is the chief offender. Simply because chemists choose to employ the word "Homœopathic" to designate their wares, the method of treatment known as homœopathy is represented as one in which large doses of drugs—much larger forsooth than those ordinarily used—are habitually prescribed. No medicine, no drug in whatever dose, is homœopathic unless given to cure a disease the like of which it will produce. The powerful preparation of camphor, first brought into notice by Rubini of Naples, is not homœopathic unless prescribed in accordance with the law of *similars*. It is called homœopathic solely because it is found to sell better with that prefix than with any other. For the same reason we believe we have "homœopathic cocoa," "homœopathic soap," and "homœopathic hair-wash." With equal reason we might

find "homœopathic" toasting-forks advertised! Drowning men cling to straws. It is much easier to ridicule a piece of "shop-keeper's Greek" than to prove the law of similars to be either unsound in theory or unsafe in practice.

Dr. Stewart's reference to the supposed death of the Duke of Canarizzo has been hawked about in the most solemnising manner. The *Lancet* (Nov. 29th) tells us that "Dr. Stewart gave a melancholy instance of a gentleman dying from the effects of a double homœopathic dose of strychnine which he had taken to make up for having omitted a previous dose." This "melancholy instance" has been brought forward, to induce people to believe that the globules used by homœopaths contain a miraculous amount of poison, at longer or shorter intervals for now more than forty years! It was in 1834 or thereabouts that this canard was first floated. Dr. Alexander Wood, Dr. Edwin Lee, Sir James Simpson, and others have in their several onslaughts upon homœopathy, given additional currency to this tragic incident. The simple truth is that, for some time after the *post mortem* examination was held which was said to have discovered strychnine in the tissues of the Duke's body, this Italian nobleman was moving about Milan in perfect health! This has been frequently stated, never contradicted; but those who are—for excellent reasons—unable to prove homœopathy the "tissue of absurdities" they are anxious all men should believe that it is, refuse to recognise the contradiction, and continue to assert and re-assert the reality of the Duke's death from two globules of strychnine! Globules, we made remark, were in 1834 of the size of poppy grains, and how they could be made the vehicle of sufficient strychnine to poison any human being we are anxious to know. We took an opportunity lately of asking the editor of the *Lancet* this question, but this individual, "wise in his generation," not only declined to answer us, but, by refusing to publish our letter, would not give any of its readers the opportunity of doing so!

The *Medical Press and Circular*, in one of its notices of the poisoning propensities of homœopaths, complains that whenever it mentions the subject of homœopathy we are apt "to grow angry." That homœopathy should be continually misrepresented, that those who practise homœopathy should be constantly reviled and described in the most scurrilous of language by this as by other medical journals is not unlikely to provoke indignation, and such conduct demands decided language in order adequately to characterise; but we are not aware of having "bestowed a considerable amount of personal abuse upon the *Medical Press* for brief articles and notes." We are not in the habit of "throwing dirt," we leave that to the writers who conduct the allopathic medical journals, and when homœopathy comes in for remark they generally throw a good deal of this offensive kind of

material. We are next told that when the *Medical Press* "some time since published an elaborate series of articles" on homœopathy, we were "discreetly silent." Our plea in defence is *non mi ricordo*. We have no recollection of an "elaborate series of articles" in this journal under its present management. Some years ago, ere the *Medical Circular* became allied with its Irish contemporary, the *Medical Press*, there was a lengthy correspondence on homœopathy, and the cause thereof was ably defended on that occasion by the late Dr. Marston of Devizes, and, if we remember rightly, by Dr. Bayes. The representatives of homœopathy have never shirked, but ever courted discussion—the very thing that has been consistently denied them alike in societies, in hospitals, and in journals. On the premises that a concentrated solution of camphor is called "homœopathic," the *M. P. and C.* founds the conclusion that medical men who practise homœopathy "have passed from the irrational and ludicrous extreme of infinitesimal dilutions to the dangerous extreme of the greatest possible concentration of active and poisonous drugs." *Ex uno disce omnes!* All this it will be seen is based on the use of the word homœopathic by vendors of camphor. It would have been called "allopathic," only it would not have sold as freely under that somewhat unpopular title!

But, after all the *M. P. and C.* is less unfair than its contemporaries, for it admitted a letter in reply from Dr. BAYES, and a very good letter it is. We only regret that our space does not allow of our reproducing it here. The only reply to Dr. Bayes so far has been a pointless joke about a globule in a decanter full of water curing an attack of gout—by accident, written by a Mr. O'Donovan!

The *British Medical Journal*, the periodical which endeavoured in an article entitled "A Dying Faith" to convince its readers that all homœopathic practitioners had given up infinitesimal doses and now resort to such as are massive and even poisonous, has been the willing medium of some curious communications. Mr. FREDERICK MASON of Bath tells (Nov. 29th) how a traveller for "one of the largest Wholesale Druggists, Lozenge and Homœopathic Globule Manufacturers," assured him that "globules consisted solely of sugar, starch and gum without the admixture of any drug whatever; that by whatever names the globules were called they were all composed alike, but sorted into variously labelled bottles by the dispensing chemist." That the traveller knew how *unmedicated* globules were made is likely enough; that he knew what the homœopathic chemist did with them after obtaining possession of them is impossible. It is true enough that globules are made of sugar, starch and gum—that is to say, the inferior sorts are—but after being made they are saturated by the homœopathic chemist with the tincture of the plant the name of which they bear. That the fraud suggested

by Mr. Mason is practised by any homœopathic chemist we challenge Mr. Mason and his peripatetic patient to prove, as we did Mr. BRUDENELL CARTER last month. In the same number Mr. GARRAWAY of Faversham gives us his version of the well known libel upon Henderson which Sir James Simpson produced some twenty-two years ago. The story is that in which Simpson says that he gave Henderson a box of globules, that it was the cures that followed the use of these globules that converted Henderson to homœopathy, and that Simpson's children had used these globules as playthings, amusing themselves with turning them out upon the carpet and putting them back into their proper phials without ever having eaten so much as one of them! Marvellous children! We never knew a child yet that had free access to a box of globules and didn't devour as many as he could! This absurd fabrication of Simpson's was fully exposed by Henderson at the time it occurred, and was remarked upon in our obituary notice of the deceased Professor of Pathology (*vide M. H. R.*, Vol. XVI, p. 319). Mr. Garraway makes Professor Christison play the part of his obstetric brother as the donor of the box, and Professor Christison's nursery the place where the self-denying bairns "had been accustomed to empty all the globules out on a tray and, when they were all well mixed, fill the bottles up again"!!

This *British Medical Journal*, in a paragraph professing to set forth the purport of the remarks we made last month upon its leading article of the 22nd of November, says that we summed up "the discussion as one which shows that 'some medical men who practise homœopathically, as far as they are able to do so, occasionally use drugs in massive, and probably unnecessarily massive doses.' The 'probably' is introduced with admirable *naïveté*. Some of the facts, however, are dealt with. Mr. Carter's statement is an 'atrocious libel which we defy Mr. Carter to substantiate.' Dr. Stewart's statement is equally without foundation. 'How any physician of the standing and reputation of Dr. Stewart could have stooped to represent so palpable a fabrication as this we are at a loss to explain.' These little amiabilities, however, are unimportant, compared with the general admissions. It is sufficient to know that for 'homœopathic' we must no longer read 'small' but 'massive doses.' The suggestion of the editor for preventing mistakes is the calm reminder that, 'if it is necessary for a person to take five or ten drops of the tincture of *nux vomica*, for example, this dose ought to be prescribed with a due quantity of water, and not to be left to the patient to drop out of a two-drachm bottle.' There can be no doubt of this, and we are happy to find ourselves so far in agreement with the homœopathic editor. But the practice would be open to this objection, that the patient

might then find out that, after all, he was taking a real old-fashioned medicine, and his disgust would be equal to that of the *bourgeois gentilhomme* who discovered that he had all his life been talking prose, and that it was not a new-fangled accomplishment."

That any one who has read the article upon which this is a commentary, can regard it as any other than a carefully compiled misrepresentation of the opinions we expressed therein, we do not for one moment suppose. Our "summing up" pointed out, not as might be inferred from this paragraph, that "massive and probably unnecessarily massive doses" were either the usual or the proper doses in which to prescribe homœopathic medicines, but that the sole object of the discussion was to make people believe that such was the case. Again, we do not admit, neither have we at any time admitted, that, when prescribed homœopathically, it is necessary to give five or ten drops of the tincture of *nux vomica*. On the contrary, such a dose is, under such circumstances, likely enough to do harm. It is when medical men, who practise homœopathy as far as they know how to do so, get beyond the limits of their acquaintance with the *Materia Medica*, and, instead of referring thereto, satisfy themselves with prescribing antipathically, that such doses are given. It is not when a physician practises homœopathically that they are required, but when he does not know how to do so.

The apparent aim of the editor of the *British Medical Journal* is to foster the idea that massive doses of poisonous remedies are habitually prescribed by homœopathic physicians, and that, in our opinion, such doses are necessary to the success of homœopathy. This certainly is not our opinion, nor have we given reason for any one to suppose that it is so. Neither are doses of this magnitude habitually prescribed by physicians practising homœopathy. The number of those who even now occasionally order them is small; and when they do so it is to fulfil, not a *homœopathic*, but an *antipathic* theory of cure.

Verily, our allopathic friends must be indeed hard pressed to show that faith in homœopathy is dying, when, in order to accomplish their purpose, they have nothing better to fall back upon than the designations applied by chemists to their preparations, than calumnious charges against a respectable body of tradesmen—charges they nowhere attempt to prove—than the reassertion of the truth of long-since exposed *canards*, and illustrations of the practical deficiencies of a few medical men! If they could demonstrate that homœopathy was unsuccessful at the bedside, that the law of similars was valueless in the selection of medicine, and that small doses given homœopathically were inoperative, faith in homœopathy would speedily die. But this cannot be done. No attempt has ever yet been made to prove either

of these points. On the contrary, the mass of evidence that homœopathy is true and that small doses are sufficient is being daily increased. Faith in homœopathy is indeed very far from dying. Rather is it the ever-increasing amount of confidence openly placed in homœopathy, together with the frequent but unavowed adoption of facts derived from the law of similars by thinking but timid physicians who profess to repudiate its truth, that causes such persons as the editor of the *British Medical Journal* to be so anxious to make the public believe that it is passing away !

HOMŒOPATHY IN THE UNITED STATES.

AN Association has, it appears, been formed among our cousins across the Atlantic termed the *American Health Association*, the members of which are selected from all, whether belonging to the medical or any other profession, who take an interest in sanitary measures. The members of the Executive Committee are, however, not only exclusively medical men, but also exclusively medical men belonging to the sect of the allopaths. It seems to be a part of the duty of this committee to form a board of censorship upon the names of gentlemen submitted for the membership of the Association. On a recent occasion Dr. C. C. COXE of Washington, a non-homœopathic physician, proposed Dr. VERDI and Dr. BLISS of Washington, members, be it observed, of the board of health of that city for admission into the Association. The Executive Committee refused to report them as fit and proper persons, &c. Their reasons were, that Dr. Verdi was a homœopathist, and that Dr. Bliss, though not practising homœopathy, had, some little time back, been expelled from a medical society for meeting homœopaths in consultation ! This high-handed proceeding has excited considerable comment and opposition in the American press. As a specimen we extract the following portion of a leading article in the *Albany Evening Times* of the 27th November.

“Of course the allopathists have the right to their own opinions, but to outsiders it looks as if often their opinions sprang rather from jealousy and envy than from conviction ; that they talked loud to drown the voice of their own reflections. This is to be lamented, and to be remedied if possible by appealing to the good sense and fairness of such persons in their calmer moments. But there are other times and other occasions when the press should speak out on *odium medicum* ; such for instance as the formation of public sanitary associations in which all citizens have a right to take a part. It was only a few days ago that two of the most prominent physicians of Washington, one of whom is known the country over, were refused admission to the American Public Health Association because they were

homœopathists. We can imagine circumstances when the reason would have been valid; it would have been had the society been called instead of the American, the Allopathic Public Health Association, but in the case we instance the allopathists, who had gained control of the institution called "American," arrogated to themselves the right and power of debarring from membership Americans who were desirous of aiding the association, simply because their mode of treating disease was different, yet perhaps quite as effective as that of those who were in the majority. Ostensibly an anxiety for the sanitary condition of the people moved the allopathic physicians; it can hardly be doubted, however, that envy and fear furnished the motive power for the act of exclusion.

"Allopathists have the moral right to exclude homœopathists from societies which are distinctly allopathic, as have also the homœopathists the right to refuse allopathists admission to homœopathic societies; but we do not see the justice of making county, state or national societies exclusively allopathic or homœopathic. The homœopaths are becoming more and more appreciated, and there is no doubt that public opinion will force the old school to acknowledge the new as brethren in the science of medicine. Men of the finest intellect, the most thorough culture and most profound acquirements can be found among the believers in homœopathy, and it is mere dogmatism to denounce them as imposters. We prefer the old school, but cannot deny that there is as much learning and as much ability in the new as in the old. Heaven only knows which is right. Perhaps they are both wrong, and the true theory of medicine may be still undiscovered."

BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will take place this evening, when a paper will be read by Dr. EDWARD T. BLAKE, of Reigate, on *Certain Pathological Points of Interest*. We understand that in this communication Dr. Blake will refer to—1st. Sub-lingual ulceration in whooping-cough. 2nd. The frequency of follicular pharyngitis. 3rd. The ætiology of sunstroke and hay fever.

CONDENSED MILK.

THE importance of milk as an article of daily food, cannot be overrated. In infancy and childhood, and in many diseases at all ages it constitutes the bulk of the nutriment taken. Such being the case its purity becomes a matter of the greatest moment. That it has been, and is still largely adulterated by dairymen is notorious; further that it is liable to become a medium for conveying the germs of fatal disease, has been but too completely demonstrated during the past few years on several

occasions. The knowledge of these facts has stimulated the production of what is now well known as *Condensed Milk*. Prepared on a large scale, and placed at the manufactory in sealed cans; there is no chance of its being contaminated by "middle men." As it leaves the manufactory, so it is placed on the breakfast table. Further, milk so prepared is readily available for long voyages, or for railway journeys when young children are travelling. Though we should always prefer the pure milk of the cow, provided we could be sure that what we received was pure, we do not hesitate to say that a good Condensed Milk is infinitely better than that derived from a dairyman, the purity of whose milk is open to question, or the sanitary condition of whose premises is not above suspicion. ¶

Of the several varieties of Condensed Milk now in the market, we have a decided preference for that manufactured by the IRISH CONDENSED MILK COMPANY, and known as the HARP BRAND CONDENSED MILK. We have found it prove sufficiently nutritious for children, and greatly superior as a food to the milk generally sold at London dairies.

It has been subjected to a careful analysis by Mr. NORMAN TATE of Liverpool, who states that his analysis has convinced him that it "is the result of the concentration, with the addition of sugar only, of sound rich milk, and the concentrating process has been conducted so admirably that all the delicate flavour and other characteristics peculiar to good fresh cow's-milk are retained in the condensed product." This is very important testimony to its purity from the chemical point of view.

From another source we have evidence of the care bestowed upon the manufacture of an equally important character. Unless the premises occupied by a dairy farm are well drained, unless the water used for cleansing the vessels employed is pure, and unless every care is bestowed to prevent the product of the animals being tainted by impurity of any kind, we may have a milk which, while capable of passing through the ordeal of the analytical chemist, and even proving to some persons nutritious, is, nevertheless, a source of terrible disease to others. To make sure that everything that can be done to ensure purity in these respects is accomplished, the Company's premises have been carefully examined by Dr. BARRY of Mallow, who reports that "the sanitary condition and drainage of the Factory and the surrounding neighbourhood are highly satisfactory, and the Water supply for cleansing purposes is perfectly good and free from impurity of any kind." On every ground then—physiological, chemical and sanitary—we have much pleasure in recommending the Condensed Milk of the Irish Company to the attention of our readers.

CORRESPONDENCE.

THE PHARMACOPŒIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—The object of publishing in your pages the excerpts from the proposed second edition of the British Homœopathic Pharmacopœia which have appeared there, has been explained to be that suggestions may be made thereupon while yet there is time for amendment. Accordingly, feeling as I do a very serious objection to a portion of the directions contained in your December number, I write my thoughts on the subject; and, conceiving the point to be one of general interest, I venture to trespass on your space with this letter.

The matter to which I refer is the *designation of the attenuations*. The *British Journal of Homœopathy* has already twice called attention (Vol. XXVIII., p. 602; Vol. XXX., p. 771) to the blot on the Pharmacopœia which this portion of it contains. I also brought it before the last Annual Assembly of the British Homœopathic Society, and elicited what seemed to me a general assent to my views. It is with much regret, therefore, that I find the error perpetuated in the proposed second edition. I cannot present it more forcibly than in the words of the compilers themselves:—

“It is necessary now to advert to a fact which is often lost sight of, and yet which is very important for all those who prescribe the low attenuations, and that is the following:—

“The process of attenuation always commences from a point termed zero, and marked ϕ or θ ; but the actual amount of medicinal substance contained in the zero differs materially, thus:—

“In all instances where *trituration* or *solution in distilled water* is had recourse to, the ϕ represents the pure medicinal substance, *e.g.*, *acid nitric* ϕ , *arsen.* ϕ , *kali iod.* ϕ , *brom.* ϕ , *carb. veg.* ϕ , &c., always refer to the pure substance itself; and hence, in such cases, the 1st decimal attenuation contains 10 per cent. of the pure drug. On the contrary, in all cases where tinctures are made, *the strong tincture, and not the crude material, is marked* ϕ , and, as a consequence, the 1st decimal attenuation contains 10 per cent. of the tincture, and not 10 per cent. of the pure drug. Since in the present Pharmacopœia the proportion of 1 in 10 has been fixed, wherever possible, for the strength of the *mother tincture*, it follows that *the 1st decimal attenuation of a mother tincture* corresponds in medicinal strength to the *1st centesimal attenuation* of a trituration or watery solution; and when it is impossible to make the mother tincture in the proportion of 1 in 10, the 1st decimal attenuation is still made to represent 1 in 100 of the drug by using a proportionate quantity of such mother tincture. For example, when the mother tincture is

1 in 15, as may happen with *belladonna* or *calendula*, 15 measures of such tincture would require 85 measures of the required spirit to make the 1st decimal."

Now, it is hardly surprising that such a fact should be "often lost sight of," for its existence is such a phenomenon as to be barely believable. That *brom.* 1x should mean a liquid ten times as strong as *bell.* 1x; that *ipéc.* 1x prepared by trituration should bear the same proportion to *ipéc.* 1x in tincture; that special arrangements should be entered into to make the 1st decimal attenuation of *belladonna* represent 1 in 100 of the drug—all this seems such gratuitous confusion that we look with wonder for the reasons which could have dictated it. We find these in the succeeding paragraph:—

"This uniformity of strength of the mother tincture thus gets rid of much of the uncertainty which has hitherto existed as to the actual quantity of medicine contained in these preparations; but it would have been more satisfactory to have adopted one uniform standard for all. It was found, however, after much deliberation, that a change of this kind would, for a time at least, lead to so much confusion that it has been deemed advisable not to make any such radical change."

It is here assumed that to designate the attenuations prepared from tinctures according to the proportion of the crude drug contained in them would be a "radical change." But where is the evidence that any other practice than this has been followed? Hahnemann himself directs it; for, after making his mother tincture by adding one part of spirit to one part of the expressed juice of a plant, he prepares his 1st centesimal dilution with two parts of this matrix and 98 of spirit. He is not indeed always consistent when he deals with tinctures prepared from dry substances; but the former constitute the great majority of his vegetable medicines. All subsequent homœopathic pharmacopœias have, to the best of my knowledge, followed in his track; and the tendency has been to carry out the principle in the case of all medicines, wherever practicable. Our whole recorded experience is thus stated according to this nomenclature; and the 3rd dilution always (save occasionally with such drugs as *nux v.* and *ipéc.*) means one part of the crude substance is a million, whether the substance be a mineral salt or the soluble matter of a plant.

It would seem, then, that the "confusion" deprecated lies just the other way—that it is caused, and not avoided, by the course hitherto followed in the Brit. Hom. Pharmacopœia, and now proposed to be continued. Its "designation of the attenuations" is "a fact often lost sight of" by those for whom the work is intended; it is necessarily misleading to the outside observer; and it places us at variance with the nomenclature of all other countries and of the whole of homœopathic literature

up to 1870. It seems to me that no justification can be assigned for it; and that its abandonment for a more uniform and consistent language is imperatively demanded.

I hope that the Pharmacopœia Committee will reconsider this point; and, if still disposed to adhere to their present position, will take the sense of the profession upon the question either at the Annual Assembly of the Brit. Hom. Society or at the next Congress.

I am, Gentlemen, faithfully yours,

RICHARD HUGHES.

Brighton, Dec. 16, 1873.

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

We are requested to state that Mr. SANDERS STEPHENS has settled in CANNES for the winter.

Communications have been received from Drs. DRURY, HAMILTON, HALE, and COOPER (London); Dr. VON TUNZELMANN (Wimbledon); Dr. SHARP (Rugby); Dr. GIBBS BLAKE (Birmingham); Dr. D. D. BROWN (Aberdeen); Dr. E. BLAKE (Reigate); "M. B."; Dr. WILDE (Weston), &c.

BOOKS AND PERIODICALS RECEIVED.

On the Best Method of Medicating Piles. By J. C. THOMSON. London: 91, Great Russell Street, W.C.

Twenty-first Annual Report of the Manchester Free Library. Manchester: Cornish. 1873.

Pamphlets on the Evils of Vaccination and Compulsory Vaccination. London: 21, Berners Street, Oxford Street. 1873.

Compulsory Vaccination: its Wickedness to the Poor. By J. J. GARTH WILKINSON. London: Pitman. 1873.

The Homœopathic World, December. London: Jarrold.

The Chemist and Druggist, December. London.

Directory of Homœopathic Physicians residing in the State of New York. Albany: 65, State Street. 1873.

The New England Medical Gazette, November. Boston.

American Observer, Nov. and Dec. Detroit.

Hahnemannian Monthly, December. Philadelphia.

Medical Investigator, November. Chicago.

The Medical Union, November. New York.

Boericke & Tafel's Quarterly Bulletin of Homœopathic Literature, November. New York.

Bibliothèque Homœopathique, November. Paris.

Internationale Hom. Presse, Heft. 11 and 12. Leipsic.

Allgem. Hom. Zeitung, December. Leipsic.

El Criterio Médico, Oct., Nov., and Dec. Madrid.

Rivista Omiopatica, November. Rome.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E., or to Dr. H. NANKIVELL, Penmellyn, Bournemouth. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE PRECISION OF HOMŒOPATHY.

OUR obligations to Hahnemann and his early followers, though in some partial sense they may be weakened by those fallacies in their teaching which have been exploded as the experience of succeeding years weighed them and found them wanting, remain on the whole as strong, if not stronger, than they were twenty or thirty years ago. We are indebted to him for a law which educes order out of seeming disorder—which translates the hieroglyphics of traditional therapeutics into a lucid and intelligible series of facts. It is only as it does this, that the law of similars or any other law is of the least value to us, either as physicians or scientists: when it ceases to translate the unknown into the known, or when some other law, higher in the scale of truth or more universal in its application be discovered, we must then either cast it aside as a crutch no further to be required, or lay it up in ordinary, like those wave-worn hulks which, having performed their services to their country, now quietly swing the length of their cables every tide.

But for the present this is not ours to do—perhaps it never will be. The law of similars may be developed, its secret links may be elucidated, its actual sphere of work may be more accurately defined, but there is something about it which compels us to acknowledge as more likely, that it will continue to be what it is at present, *the*

law of therapeutics. This quality is really its adaptability to the different phases of disease and the different conditions and constitutions of patients.

Common parlance, the exigencies of practice, and pathology, compel us to classify diseases, and to call certain groups of symptoms by certain names. And the name once given, it has from the very nature of things and the habit of our minds a tendency to draw within its folds a large number of cases whose similarity to each other is of very varying intensity. Old-school therapeutists have, as a general rule, given directions for the treatment of the model case, *i.e.*, in fact, for the name; whereas, in truth, treatment should be directed to the patient and not to the name of the disease—in other words, to the class of disease from which he is suffering. As no two cases are precisely alike, “rational” treatment, founded on the general aspects of a disease, can only be more or less correct; often it is more or less incorrect. Such is the case even with acute disease—say typhus, cholera, or pneumonia—in which, often, a strong family resemblance justifies in greater or less degree a common name. But how often it happens, that in chronic cases the most totally different morbid states get classed under similar names. For instance, sleeplessness may depend on two opposite conditions of brain circulation, or on the presence in the blood of some irritant; yet how often is not *chloral* prescribed now-a-days, as formerly some preparation of *opium* was, as a palliative to this condition. The *exact* morbid condition is ignored, the medicine which corresponds *exactly* to that condition is not recognised, and the physician, from his lack of therapeutical knowledge, forces sleep on the patient by inducing the physiological action of one of those drugs which possess a *vis dormitiva*. Constipation is another instance—a flagrant one—of the treatment of a name instead of the patient; of the prescription of cholagogue, or laxative, or drastic drugs; of the induction of more or less active physiological effects, instead of the

removal by true therapeutics of the hindrance, whatever it may be, to the normal performance of a natural function. The law of similars here steps in to the physician's help: it says, "Individualize and collate the totality of the symptoms, however obtained; they and they alone can indicate the true nature of the case before you: and these symptoms have a double value, for they not only show the precise pathological condition, but they also point out, in a manner which is limited only by the imperfect condition of the materia medica, or your imperfect knowledge thereof, the medicine which stands in a specifically curative relation to this condition."

And when we come across, as we continually are doing, those truly anomalous cases which the varying affections and conditions of poor humanity are ever developing, we have a guide which will lead us, other things being equal, to those medicines in specific relation to the case in hand, and we shall not permit ourselves to complicate an already serious condition with massive doses of *iron*, *bromide of potassium*, or *quinine*.

We may take it therefore for granted that one of the first requirements for the application of the homœopathic law to practice is the strict individualization of the case to be treated: this was the doctrine and practice of Hahnemann, and it has been the doctrine and practice of all his followers; it is a requirement which has been laid down as of the first necessity in every work that has treated of homœopathic medicine with any degree of solidity whatever. And therefore it is a curious instance of the general ignorance of homœopathy on the part of the old-school men, to find Professor Binz, of Cologne, a man of exact method, of scientific research, and the most careful scepticism, give forth the following opinions to the medical world:—

"The simple assertion—that Kali Brom. or any other agent is of use in such and such cases—does no service to the progress of therapeutics. That is just what the homœo-

pathists say, with equal justification, when they cure abscesses with *silicea*, croup with *spongia*, insomnia with *calcareo*—all, of course, with extravagant dilution; and it may be read in the works of Rademacher and his better followers, on every side, expressed with sincere conviction. What right have we, then, to abuse that system, when we blindly give ourselves over to similar logic?"*

This quotation is one of the concluding paragraphs of an article on the value of bromide of potassium, which Dr. Anstie characterises as "severely sceptical." It is an article which is no doubt loudly called for, in order to withstand the all but universal bromo-therapy of the day, and which commends itself to the homœopathic mind by the way in which its author brings in the experiments, made with this salt on animals and on healthy human subjects, to check or altogether upset the conclusions to which practising physicians have arrived concerning its use. Nevertheless, the divisions of mind which trouble Professor Binz's chemical soul as to whether the potash or the bromine be the effective portion of the compound, strike us as odd, who have received it as an axiom that every chemical compound is an individual therapeutic agent, and that there can be no real substitution of one drug for another—either, for instance, Bromide of Sodium or Chloride of Potassium for KBr. His enquiries, too, as to the probable behaviour of certain salts in the system, based as it is on their behaviour in the test-tube, seem to us more original and curious than practically valuable: when we have decided on the precise physiological effects of remedies, and carefully deduced from these experiments and confirmed by experience their therapeutical values, we may then address ourselves to the question (which probably borders on the unknowable) of how drugs act either physiologically or therapeutically on living tissues. Professor Liebreich, of Berlin, lately

* *Practitioner*, January 1874, p. 48.

writing on the action of Croton-Chloral Hydrate, says that in the blood it is transformed, first into allyl-chloroform, and then very rapidly into bichlor-allylene. This statement let us accept as absolutely true: what does it teach us? Nothing whatever of the physiological action or the therapeutical value of Croton-Chloral or its derivatives; it merely informs us of the fact that in exhibiting what we presume to be Croton-Chloral, we are really inducing the action on the living tissues of bichlor-allylene. Professor Binz's experiments on the behaviour of KBr. are really of no greater practical value, and we could wish that the professor, ere he threw by a side wind discredit on the principles and practice of homœopathy, would with equal patience have sought out what her real teachings were. Homœopathy does not claim to cure abscesses with *silicea*, but only certain abscesses, and she gives the indications and limitations of the action of *silicea*; she does not claim to cure "croup" by *spongia*, but she knows well that *spongia* will cure or assist in curing a certain large but defined portion of croup cases; and so on. Professor Binz forgets that homœopaths individualize cases, and he is ignorant that this individualization is more necessary to the correction of therapeutic practice than the most carefully devised chemical experiment: no "test-tube" can replace the human stomach, and no "starch paste" can form an equivalent to living cells, in the proving of drugs.

This paper of Professor Binz is followed by one from the pen of Dr. Anstie, setting forth in a calmer and more judicious style than that physician usually affects the precise therapeutical position of KBr. in England. It is not our purpose in the present article to give a *résumé* thereof; we do but note that in no instance is there an attempt made by Dr. Anstie to harmonise the physiological effects of KBr. with its extensive palliative or limited curative action. That the one is the true key to the other seems never to have crossed his mind. Struck by Professor

Binz's criticism he gives his own experience, and backs it up with that of Russell Reynolds and Hughlings Jackson : these are no doubt valuable and honoured names, but, as Binz would remark, "this does no service to the progress of therapeutics," or at least very little.

Until the relation of the physiological and therapeutical effects of drugs is recognised no advance can be made in this direction. Anstie may build up or Binz destroy the faith as it is in Bromide of Potassium, and the individual physician will take sides according to his own experience, or the cast of his own mind. Art may become by this method a trifle more precise, but the Science will remain where it was; and the knowledge acquired in the investigation will be totally inapplicable to any other drug in the Pharmacopœia. It is time for the men of modern medicine to weigh these things well: progress cannot be made until they do so. They have still the opportunity before them in the present state of medicine of winning even some little *Kudos* by seeing what is going on about them, and simply accepting the inevitable. When they finally do this we may expect Professor Binz's economical desires may find their realization; and "of the many hundredweights of this salt that are now yearly expended, a few pounds will soon again be found sufficient for the purposes of scientific clinical medicine."

ANTIPRAXY:*

THE CONTRARY ACTION OF DIFFERENT DOSES OF THE SAME DRUG IN HEALTH.†

"It cannot be doubted that, had we a more intimate acquaintance with, and precise knowledge of, the action of remedies, the therapeutic properties of medicines would no longer appear incomprehensible and mysterious."—JONATHAN PEREIRA.

1. When scientific medicine shall be generally adopted, specific names will not be needed. The disappearance of

* *ἀντίπραξις*, counteraction.—PLUTARCH.

† This paper would have appeared in our last number, had our space allowed of it.—EDS. M.H.R.

the necessity will be quickly followed by the disappearance of the names.

In the meantime, until this happy result shall be brought about, even scientific medicine is, in a certain sense, sectarian, and specific names are unavoidable. Under these circumstances a name must be given to the law which governs the actions of different doses of the same drug in health. It is now known that the action *in health* of a certain range of small doses is in the opposite direction to that of a certain range of large doses—that the one is contrary to the other—and it is proposed to call this contrary action antipraxy.

2. The changes in the phenomena of heat, electricity, and magnetism, depend mainly upon quantity.

The changes in the action of gravity depend upon distance and quantity,

While those in chemical action are governed by quality and quantity.

Drug action resembles the last. The changes in its effects are dependent upon quality and quantity.

Now, no settled principles were discovered in chemistry till *the balance* was carefully used by Mr. Cavendish and others.

And if we would discover the principles of drug action, and arrive at any hopeful precision in the administration of drugs as medicines, we must not only observe their qualitative action—the effects produced by each drug by itself, both in health and disease—but we must undertake a careful investigation into the action of different doses, or *quantities*, of the same drug, as well in health as in disease. As measurements are important in mechanics, and weights in chemistry, so success in therapeutics depends very much upon doses.

The qualitative action of each drug has already, to a great extent, been discovered by experiments in health.

The quantitative action of different doses of each drug has waited to be discovered by similar experiments with them in health.

This is the only way in which the endless conflicts on the question of doses can be terminated, and the indescribable confusion in which it has hitherto existed be reduced to order.

3. From the experiments on the action of small doses *in health*, detailed in a former essay, it has appeared that, in different doses each drug has not one kind of action only, but two; and that these two kinds of action are in opposite directions to each other. It will be useful to pursue the subject further.

The first consideration which arises is the question of *analogy*. Is the fact just stated a solitary phenomenon? or, is it supported and rendered probable by other operations in nature which offer points of analogy with this remarkable law of the dose?

Reflection will discover some analogous conditions.

It will have been noticed that one feature of the phenomenon is a dividing line. Of this we have a striking analogy or illustration in a magnetized steel bar. In this, it is well known, there is a neutral centre, from each side of which proceed magnetic forces, opposite in their tendencies, one force repelling what the other attracts.

The other feature of the phenomenon is, that a smaller quantity acts in one way, and a larger in the opposite way. Chemical affinity gives us some analogous examples of this:—oxygen and manganese combine in different fixed proportions; one equivalent of each forms a salt-making base—that is, an oxide which combines with acids to form salts; three equivalents of oxygen and one of manganese unite to make an acid—which combines with alkalies to form salts. No two things in chemistry are more opposite than a base and an acid. There are other instances, though this is not known as a general law of such combinations—at present it seems rather a rudimentary fact.

The action of heat furnishes more extended analogies. For example—a certain amount of heat affects the combination of some chemical elements, and a larger amount of it causes the decomposition of the compounds the smaller amount of it had produced. Here the making of compound bodies, and the unmaking of them, is due to the action of the same agent in different quantities. The two elements already mentioned are examples of this also; manganese and oxygen, with a moderate amount of heat readily unite and form oxides; and one of these oxides, when exposed to a greater amount of heat, is decomposed, and the oxygen is separated from it.

Another well known experiment with heat also offers a remarkable illustration or analogy. Half fill a long glass

tube with water ; reduce this to the temperature of 32° F. without agitation, when the water will remain liquid ; give it heat very gradually, and the column of water in the tube will *contract*, and sink in the tube ; it will continue to sink as the temperature rises, till this reaches 39° or 40° , when the water will be at its greatest density. [In this state it lies at the bottom of pools or rivers when the surface is frozen, and thus fishes are kept alive.] Go on supplying heat as before, and the water will now begin to *expand* and to rise in the tube, and will continue to rise till the temperature reaches 212° .

This action of heat in contrary directions when in different quantities is said to be a general law governing all bodies which have a less specific gravity in the solid than they have in the liquid state.

Again, analogies are found in the action of electricity, *e.g.*, a current of electricity passed through water decomposes it into oxygen and hydrogen gases ; a greater intensity of electricity causes the instant reunion of these gases, and the reproduction of water.

And, as magnetism, chemical affinity, heat, and electricity present phenomena analogous to the one under consideration, so also does light.

Through a minute hole in the window shutter let a ray of light enter a dark chamber ; it will form a luminous spot on a piece of paper on which it is made to fall : through another minute hole, very near the first, let another ray enter, and in such a direction that this ray shall fall upon the same spot of the paper as that on which the first ray falls.

When there is a certain difference in the lengths of these two rays, instead of producing an illumination equal to the sum of their lights, which, *à priori*, would be expected, they destroy each other, and produce a *dark* spot.

These examples are sufficient to make it evident that the phenomenon of the opposite action of different doses of a drug, when taken in health, is not contrary to, but consistent with, the analogies of nature.

What drug force is I do not enquire. That it acts locally, and that, as with other agents in nature, different quantities of it act in contrary directions, I think there is sufficient evidence to prove.

4. Let us look again at this contrary action :—

The dividing line is not necessarily sharply defined. There are no abrupt divisions of this kind in nature. *Nihil per saltum* is a true as well as an old maxim. Such transitions are always gradual. "God divided the light from the darkness;" but the change from day to night is gradual. There is twilight between them. In like manner the three great kingdoms in nature—the animal, the vegetable, and the mineral—are separated from each other by very distinct characters; but these distinctions, as the individuals belonging to each kingdom approach each other, gradually disappear. The transition is so gradual that naturalists are not yet agreed as to which kingdom some of these beings of right belong.

It is thus with the two opposite actions of drugs. It ought not, I think, to be doubted that large doses of a drug act in one direction, and that small doses act in the opposite direction. But the change of the action from one direction to its opposite may be not abrupt nor sudden, but gradual. For practical purposes it will be sufficient to know, with reference to each drug, what doses occupy the twilight, or take up the neutral ground between the two contrary actions. The way to attain this knowledge is by experiments in health.

5. The loss of power, by diminution of quantity in the dose, is not rapid but slow.

Sir Isaac Newton observed that the force of gravity does not diminish as rapidly as might have been expected. It was found that the different *distances* from the earth's centre of two localities, one at the bottom of a mine, and the other at the top of a mountain, is appreciable; but the *weight* of a body, taken from one of these localities to the other, shows no appreciable difference. He was led to think from this fact (while in his garden at Woolsthorpe), that gravity might extend much further than had been supposed, so that perhaps it might even reach to the moon—200,000 miles—this he afterwards found to be the truth; and not only so, but that it reached to the sun—93 millions of miles—and even very much further.

Now a similar fact may be noticed in the action of drugs. The effects of the first, second, and third dilutions of them differ little from each other; that is, the difference is little compared with the difference in quantity between the hundredth, the ten-thousandth, and the millionth of a grain or drop of the drug.

It is permissible, therefore, to make the same reflection that Newton did, namely, that this action may extend much further than these divisions, before it is expended. Expended it must be somewhere, for everything which diminishes, even gravity itself, must come to an end somewhere. But the end of drug action, like that of gravity, may be much further off than can be easily believed.

There is a paper in the *Tatler* for January 14th, 1709, on the wonders then recently discovered by the microscope, in which this remark is made:—

“It is almost impossible to talk of things so remote from common life, and the ordinary notions which mankind receive from blunt and gross organs of sense, without appearing extravagant and ridiculous.”

These reflections may be worthy of notice by those who shall undertake to pursue the task of proving the doses of drugs, with the intention of observing the different actions of different doses in health. The path is a new one, and of importance sufficient to interest and reward any number of labourers.

One of Sir Isaac Newton's discoveries has been referred to in this paragraph. It shall be closed by joining in one of his requests:—

“I heartily beg that what I have here done may be read with candour, and that the defects I have been guilty of upon this difficult subject may be not so much reprehended, as kindly supplied and investigated by new endeavours of my readers.”

6. The law of the contrary action of different doses of the same drug is a paradox. But “there is a wide difference between a paradox and a contradiction. Both, indeed, consist of two distinct propositions; and so far only are they alike: for, of the two parts of a contradiction, the one or the other must necessarily be false—of a paradox both are often true, and yet, when proved to be true, may continue paradoxical. This is the necessary consequence of our partial view of things. An intellect to which nothing should be paradoxical would be infinite.”*

The knowledge of the contrary action in health of the same drug in different doses is new to us, and strange—it is a paradox; it is not a contradiction. Both the pro-

positions may be proved to be true, and the paradox will remain until some discovery is made which embraces both the propositions and explains them. "There are yet hid greater things than these!"

7. It has been objected to the law of contrary action that some drugs, such as silica, carbon, chalk, and some of the metals, have already been proved in small doses, and are prescribed homœopathically according to these provings. The answer is easy:—These drugs are inert, or nearly so, in their ordinary condition, and have no definite action at all until they have been minutely divided by trituration. These divided particles then occupy the place of the larger doses of other drugs; and it becomes necessary to prove still smaller doses in order to ascertain whether the law extends to them or not.

8. It has been objected that this contrary action of small doses, like Hahnemann's aggravation point, is not a fixed but a shifting basis, and as such cannot, any more than his, support a law for the dose. The reply is not difficult:—

The local action of drugs—organopathy—is the basis of the use of drugs as remedies on any system of therapeutics whatever. This is not a shifting but a fixed basis; so fixed that it can support any superstructure whatever.

The resemblance in the kind of action of large doses to that of diseases of the same organs which each drug can cure—homœopathy—is not a shifting but a fixed basis; it has supported a successful practice founded upon it for nearly three generations. This basis was discovered by qualitative experiments with drugs in health.

The contrary action of large and small doses—antipraxy—which has been discovered by quantitative experiments with small doses in health, forms a basis which corresponds exactly with that on which homœopathy rests. Reflection will show that they are alike; that one is not more shifting or less fixed than the other. As *similia similibus* supports the doctrine and practice of homœopathy in the choice of the drug, so *contraria contrariis* will support the doctrine and practice of antipathy in the choice of the dose. The investigation of antipathy, however, is reserved for another opportunity.

9. Men that are able to observe at all will not fail to observe that the attempt to learn the action of small doses, as distinct from that of large ones, by experiments with them *in health*, is a new undertaking.

They will observe further that, so far as experiments have been made on the subject, the action of small doses is *contrary* to the action of large ones.

And they will observe, lastly, that this is not a conjecture or hypothesis, but *a fact*.

10. It is not only possible, but it is to be hoped that further experiments may discover some wider generalisation. This may embrace the narrower one, but cannot destroy it. The *antipraxis* of different doses of drugs in health is a fact which we shall do well to turn to practical use, without waiting for more extended discoveries, though these will be welcome when made.

In another essay, if enabled to write it, the *antipathic* action of small doses shall be considered.

Rugby, Dec. 18th, 1873.

PROTOSULPHIDE OF MERCURY IN TYPHOID FEVER.

By J. W. VON TUNZELMANN, M.D. Lond.

AFTER all that has been said and written about the value of *baptisia* in typhoid fever, it seems almost hopeless to get a hearing for the claim of any other remedy in that disease; and yet it is of advantage to be acquainted with *every* remedial agent which has proved itself of value in so serious a malady. I therefore wish to draw attention, by way of reminiscence, to the value of the *protosulphide of mercury* (the black sulphide) in typhoid fever, recommended by the late Dr. Petroz, of Paris (see a review of his *Etudes de Thérapeutique et de Matière Médicale*, in the *Brit. Journal of Hom.*, Vol. XXIII. page 634).

Two cases are given in this review, in both of which the action of the remedy was strikingly beneficial.

I tried it, soon after the publication of that article, in January 1866, in a well-marked case, in which the same markedly beneficial result was obtained; and I wish therefore to put the particulars of it on record, in confirmation of the statements of Dr. Petroz.

Miss C. B., ætat. about 14 years, was brought home (to Brixton) from school at Croydon, where she had been taken ill. When I first saw her, she was not confined to her bed; there was great debility, with anorexia, and she soon took to her bed; there was no diarrhœa at the commencement, nor for some days after the commencement of the disease. For the first few days the diagnosis was doubtful, as there was no distinct tenderness in the abdomen; but this manifested itself at about the end of the first week of indisposition. She then complained of tenderness in the right iliac fossa, and at the epigastrium; there was also some tympanitis. There was great dislike to food—the only thing that she cared for was an orange; she took a little broth and milk, by persuasion, but did not take much, as the effort to do so brought on retching.

The disease had progressed to about the twelfth day, before I could get the medicine, as it had not been used in this country at that time.* The patient's state then was the following:—Pulse feeble, about 130; pungent heat of skin; muttering delirium, day and night; considerable meteorism; while consciousness was present at all, tenderness was manifested on pressing on the right iliac fossa; the bowels had not acted for several days. One might have almost taken it for a case of typhus fever, had it not been for the absence of the typhus rash and the presence of meteorism.

The *sulphide of mercury* (the protosulphide, or black sulphide) was given in the 12th dilution, as recommended by Dr. Petroz: 2 drops in 7 tablespoonfuls of water, a teaspoonful every four hours. The effect was most salutary: I found, on the following day, that my patient had had a better night (this was also noticed in Dr. Petroz's cases); the delirium diminished steadily, so that in about four days after the commencement of the medicine she was tolerably rational; the tenderness of the abdomen diminished at the same time, in the same steady manner; the bowels now became rather relaxed, acting about four times in the twenty-four hours, for a few days. She made a rapid recovery, and at the end of the third week was quite convalescent.

Having at that time just had some very serious cases of typhoid fever, in the worst of which *arsenic* had been

* It was prepared for me by Messrs. H. Turner & Co., from whom it can now be obtained.

mainly relied on, I could not but be struck with the remarkable way in which the *sulphide of mercury* acted in this case ; I am convinced that, without it, the disease would have been of longer duration, even if recovery had eventually taken place.

I should say that the place of the *protosulphide of mercury* in typhoid fever is between *baptisia* and *arsenicum*, in cases where *baptisia* has not been able to arrest the progress of the disease, or where the case has not been seen within the first ten days, and the local lesion in the solitary and agminated glands of the ileum has had time to become distinctly developed ; at the same time, the absence of marked diarrhoea showing that no great amount of ulceration of the mucous membrane, at the seat of the inflamed glands, has taken place.

Not having had an opportunity of using the remedy again since then, I cannot give another case of its efficacy ; but having been very much struck at the time with the beneficial effect which it produced in a case which threatened to be severe, I venture to remind others of the strong way in which Dr. Petroz has recommended this medicine, special attention having been drawn afresh to typhoid fever, by the recent outbreak of it in some of the western parts of London.

10, St. George's Road, Wimbledon.
November 1873.

PROFESSOR HUMPHREY ON THE "ETYMOLOGY" OF SCIENTIFIC MEDICINE.

By W. B. A. SCOTT, M.D. Edin.

At the late Annual Meeting of the British Medical Association Professor Humphrey delivered himself of the following singular utterances :—

"The physiologically antagonistic influences of atropia and physostigma, and the fact that a poisonous dose of the one may be given with impunity if the other is administered along with it, seem to open a prospect that really curative, that is, antidotal, agents may be discovered not simply for drugs, but for the effects induced by drugs, and also for the changes which constitute disease ; and the observation that morphia, chloroform, and some other substances produce different and sometimes opposite effects, according to

the doses in which they are given, renders it not improbable that poisonous agents may in some instances be antidotal to themselves, and that the word 'homœopathy' may be rescued from its position as the expression of a fallacy, and may yet take its position in the *etymology* of scientific medicine."

The *British Journal of Homœopathy* has rescued the concluding part of this effusion from the charge of absolute nonsense under which it labours in the state in which it was uttered, by suggesting that Professor Humphrey *meant* "vocabulary" when he *said* "etymology," and has also pointed out the extremely vulgar and solecistic use that learned gentleman makes of the term "fallacy" in using it as a synonym for "error." The same periodical points out in a concise and masterly manner the utter inconsequence and confusion of thought which pervades the entire paragraph. But when we read the said paragraph with more attention we found that the able writer in the *B. J. H.* had left a large portion of Professor Humphrey's intellectual luxuries untasted, and we involuntarily recalled the criticism of Dryden upon Settle's tragedy, *The Empress of Morocco*, "What hodge-podge does he (Prof. H.) make here! Never was Dutch grout such clogging, thick, indigestible stuff. But this is but a taste to stay the stomach: we shall have a more plentiful mess presently. So, now to dish up the" (philosopher's) "broth."

In the first place, "the physiologically antagonistic actions of atropia and physostigma" suggest nothing more than the actions of any other two mutually antagonistic drugs, so we are bound to infer that Professor Humphrey is of opinion that the very idea of one drug being an antidote to another is a discovery of modern days, not to say of the present month or year. Yet, as we all know, the subject of antidotes was the one of all others to which the ancients devoted the most earnest attention, and on which their belief ran to the most extravagant lengths of credulity. They even thought that medicinal prophylactics were to be found which could ward off the ill effects of any poison subsequently administered. Thus Homer represents Ulysses as protected by the herb $\mu\alpha\lambda\upsilon$ from the dire results of the fatal cups of Circe. They even imagined that it was possible, by means either of a universal antidote or a combination of special antidotes,

to secure immunity from the effects of all poisons whatever. So Mithridates the Great is said to have been proof against all toxical agents. And, to come down to later times, has it not long been known that chalk is antidotal to oxalic acid, albumen to corrosive sublimate, &c.? And does not Hahnemann himself mention the antidote or antidotes to every drug he recommends? And if it be urged that the force of Prof. Humphrey's argument lies in *this*, that the drugs to which he refers are mutually antidotal on account of their directly antagonistic physiological action (as, for example, that atropia dilates the pupil while physostigma contracts it, &c., an opposition which has no parallel in the cases of oxalic acid and chalk, &c.), and may be administered together with impunity, even here there is nothing new, as it is just the theory on which the "corrective" was added to the characteristic and adjuvant in old-fashioned pills.

Professor Humphrey proceeds: "this discovery opens a prospect that really curative agents may be discovered for disease." Hence, up to the present time an allopath could entertain no reasonable prospect of being of the smallest use. He is about right here; at least it certainly is not for us to contradict him. He has Sir John Forbes and Dr. Stokes on his side.

Next, Professor Humphrey confuses homœopathy with "homopathy." "Because some substances produce opposite effects according to the dose in which they are given, therefore poisonous agents may sometimes be antidotal to themselves." Now, this, whether true or not, is no illustration of Hahnemann's law, and is expressly repudiated by Hahnemann himself. In cases of acute poisoning it certainly is not true. No dose of laudanum, for example, however small or even infinitesimal, will benefit a patient who has just swallowed six ounces of the mother tincture, and it is with reference to cases of acute poisoning that we generally use the word antidote. If the word is sometimes used in a more extended sense it is chiefly in reference to cases in which a slowly absorbed poison still remains in the system *in substance*, and not merely represented by its effects. For instance, we sometimes speak of giving antidotes to chronic sufferers whose ailments arise from the actual presence of lead or mercury in the system, the result of long contact with these metals or their fumes—though here it would be better to speak

of "eliminants." But while "a hair of the dog that bit him" has long been the reveller's specific for matutinal "seediness" consequent upon nocturnal excess, it would certainly be incorrect to speak of "brandy-and-soda" as the antidote to drunkenness, though it may be an effectual remedy for its sequelæ. In fact, the antagonism between the action of large and small doses affords not so much an argument in favour of the principle of homœopathy, as a cogent reason for administering medicines in small amounts. For the actions of the small and large doses correspond to the primary and secondary actions respectively; and it is the direct or primary action we ought to seek. Many explanations might be alleged why the primary is preferable to the secondary action (such as that the former awakens the reactive powers of nature, while the latter overwhelms them, and produces the toxic effects of the drug); but it is a sufficient defence to say that we ought in every case (not merely in medical practice) to employ no more force than is necessary to ensure the desired effect; that the primary action of a drug is, as its name implies, prior in point of time; that less disturbance, and, consequently, less danger, is produced by a small than by a large dose, and lastly, that it is infinitely more agreeable to the patient. Hence the ordinary method of practice among homœopathists at once saves the expenditure of unnecessary force, and complies with the old precept of healing "*cito, tuto, et jucunde*."

In conclusion we have to express our thanks to Professor Humphrey for his well meant endeavours to rescue homœopathy from its unfortunate position as the "expression of a fallacy," (whatever that may mean), and to employ it for honourable and scientific etymological purposes.

6 Calverley Parade, Tunbridge Wells.

THE BATHS OF RAGATZ.

By Dr. BAYES.

THIS nineteenth century, with its railways, its steamboats, its threatened balloonings, its electric telegraphs, its penny postages, and continually increasing frequency of postal deliveries, is an ever-accumulating strain upon the nervous centres of the civilised races of mankind; and the continual wear and tear which those who attempt to swim on

the stream of life in this rushing torrent age, and who would maintain their place in its thought and action, brings before our profession a large class of ailments directly traceable to strained and overworked nerves of thought and of voluntary motion.

One of the most direct consequences resulting from such overwork is feebleness of the nerves that are strained and of the parts they supply ; while among the indirect consequences may be enumerated over-action of the opposing set of nerves, which ought to balance the nerves of sensation and of motion, viz., those of organic life. A round of wrong ensues in the bodily physique, and we get congestions and anæmic conditions, neuralgias and paralyses, and the host of complicated ailments to which such local or general conditions give rise.

Thus our nineteenth century ailments require a special consideration, and physiologists and pathologists are all busily at work upon them, and are founding a new school of neuro-pathologists to meet the diseases resulting from strains and injuries of the nerves of sensation, of motion, and of organic life ; and we hear every day more of electricity, galvanism, magnetism, and of the scientific application of heat and cold by means of the water cure, and of ice and hot water, and of the rubbing cure, for the administration of which a little army of male and female rubbers find full and very remunerative employment among the wealthy classes ; while the movement cure by which gymnastics are scientifically applied to balance nerves and muscles back into health is occupying a prominent place in our modern Æsculapian Temple ; and among drugs, none are so constantly in use as those whose acknowledged action is upon one or other of the nervous centres—the brain, the spinal cord, and the sympathetic ; and hence, the gradual approachment we see, on the part of the profession, toward homœopathic medication.

Last of all, in this age of reviving pilgrimages we see our Æsculapian pilgrims seeking health shrines at home and abroad, and, chief of all in public favour, those whose direct effects are to give tone to the nervous system, to give it force, and to diminish over-sensitiveness.

Hence it comes that men now flee out of the cities and take refuge in the mountains, while the wisest fly from their own country and get far beyond the range of the daily and hourly interruptions of those, otherwise, conve-

nient institutions, the penny post and shilling telegrams. Scotland is all that health can desire, in its fine bracing, tonic mountain air, and, in spite of its rainy and uncertain climate, would benefit men immensely were it not within reach of these two dragons of civilisation that feed on the brains and nerve force of our people. Therefore it becomes a very important object of search to find some quiet upland valley or some peaceful mountain region, far from reach of ordinary telegraph or post. It is the fulfilment of these requirements that make the Alps so favourite and safe a recruiting ground for the health of England's brain and muscle, and it is fervently to be hoped that no cheap system of international telegraphs or posts will ever be devised to make these happy hunting grounds of health less peaceful, less quiet, and less restful than they now are to the weary worker from the cities of the lowlands.

I have already pointed out, in previous papers published in this *Review*, some of the advantages to be secured by a temporary residence in the robust climate of St. Moritz. The brain-fatigued but otherwise healthy-framed man gains back again his vigour of body and of mind in that high and bracing valley, battling himself back again into nerve-health by the development he gives to his muscles. The anæmic too, if not too feeble to contend against the rigours of such an altitude, gain back again rich red blood, and with returning power to walk and climb, soon become full of life again. But there are classes to whom a more genial clime offers greater advantage, and there are states of nerve-sickness where a sabbath is needed and rest becomes an essential part of the treatment. At St. Moritz exertion becomes a necessity. If you cease to walk and climb, you get chilled, and cease to improve; but when you descend once again into the land of the vine and the Indian corn, where the oleander and the pomegranate charm the eye and the rose and the myrtle bloom all round you, rest and enjoyment become synonymous, and air without exercise becomes not only possible but grateful. At St. Moritz, as soon as the band (who were usually muffled in great coats and wraps) had played a piece of music, they left their little pavilion and ran about to warm themselves, and the only really appropriate music was the "March, Valse, or Galop;" but when, after twelve hours' drive over the

exciting but most beautiful Albula, and again over the lower but charming Churwalden pass, we reached Ragatz, we found it a luxury to sit and sip our coffee in the charming garden of the Quellenhof, while our ears drank in the music of the excellent band without fear of subsequent ear-ache or other result of chill.

RAGATZ is essentially a place to loiter in. It is a sweet little contented-looking place, at the foot of forest-clad hills, surrounded by grand mountains nowhere high enough for perpetual snow, but often covered for a few hours with a snowy cap, even in summer. A rushing torrent, the Tamina, leaps out of the ravine (that leads to Pfäfers) in a cataract, and then roars its way through the village until it joins the Rhine. The Upper Rhine itself runs through the valley, between the village and the opposite range of mountains (whose base lies at, perhaps, three miles distance from Ragatz), and runs rapidly on toward Lake Constance, through a lovely fertile valley, between high-peaked grand mountains and past frowning cliffs, which it, no doubt, once skirted, and probably created, in some by-gone day when its mighty stream filled the whole valley and hewed its steep sides out of the mountains.

Ragatz is not the source of the mineral springs which give celebrity to the place. The source of its water is at the Baths of Pfäfers, about $2\frac{1}{2}$ miles from the village. The temperature of the waters at their source is $99\frac{1}{2}^{\circ}$ Fahrenheit, the waters are, therefore, too hot to be used, until they are cooled down, and this allows of their being conducted through wooden pipes, without any hurtful loss of temperature. They run into the baths at Ragatz at a temperature of from $92\frac{1}{2}$ to 96. The gorge of Pfäfers in which the waters rise, is one of the most extraordinary sights in Switzerland. Entering the cliff between the mountains which leads to Pfäfers, a good but narrow road runs beside the torrent Tamina for $2\frac{1}{2}$ miles, overhung by huge limestone cliffs from 500 to 800 feet in height, in whose sides the road has been hewn in places, while in others the gorge widens and forests climb the steep sides of the hills, and here and there a narrow cascade falls hundreds of feet, or dashes itself into spray against jutting rocks, till it falls into the roaring torrent which cleaves its rapid way through boulders and cliffs, at times forming rapids and cataracts in its course. In some places the road is

built over the torrent and the gorge narrows to its end, where stands the bath establishment of Pfäfers. The gloomy grandeur of this place stands in wonderful contrast to the smiling beauty of Ragatz, and it is not to be wondered at that Mr. Simon's charming creation of the Baths of Ragatz has drawn the great body of visitors into the wider valley. The bathing establishment of Pfäfers is situated just at the point where a carriage road can penetrate no further. A plain substantial-looking building, with the torrent on one side, backed up by cliffs, some 600 feet high and an equally high cliff springing up on the other side of the house with a very narrow promenade between it and the house. Nothing could be more sombre and grand, and were it not for the number of visitors to see the source, nothing could be more secluded. To reach the source itself, you have to pass through the establishment and to enter a chasm between cliffs which always overhang and at times meet over your head, while streams of water pour down over your path and drop into the Tamina as it foams along 40 or 50 feet below you. The path to the source is built of wood and is conducted along one side of the chasm over the torrent, for some 600 yards, and at its end you come to a cave perhaps 30 yards long at whose extremity the water forms a deep well constantly bubbling up at a temperature of about 100° Fahrenheit. The arrangements at the establishment at Pfäfers appear to be excellent, and they are able to accommodate 300 patients. The baths are spacious and clean, 24 are fitted with tiles for the use of single patients and there are eight wooden baths in which many bathers can be accommodated at the same time. These last baths did not look or smell invitingly. The temperature of the natural baths at Pfäfers is 98½° Fahrenheit. They are open from the end of May to the end of September. From the position of these baths, I should hesitate to send nervous patients there, the continued roar of the torrent and the very short period of sunshine, never exceeding six hours a day would be apt to give gloom and depression to most people, while the only walks are either up the sides of the steep cliffs by zigzags of 600 to 800 feet to their summit, or else along the road to Ragatz. The road is wonderfully engineered and gradually rises 520 feet in the two miles and a half; it is full of interest and beauty, but even the most beautiful road becomes mono-

tonous if it is your only promenade for two or three weeks. Except therefore in those rare cases where it is material that the temperature of the bath should be above blood heat, I would advise patients to stay outside the gorge at the lovely village of Ragatz.

I have before named M. Simon as the creator of Ragatz. He is the proprietor of the baths both at Pfäfers and Ragatz, having, I believe, a long lease of the waters, and he has with great care and judgment expended vast sums in making the arrangements for both bathers and guests as perfect as it is possible in every way; most spacious and admirably conducted hotels, luxurious baths, beautiful gardens, extensive pleasure grounds, splendid public rooms, and excellent music, what more can art demand of the architect? and yet there is more, for two noble ruins belonging to the same spirited proprietor, tempt pedestrians to walk to points of view, whence the natural beauties of the valley are even better displayed than from the valley itself.

There are at Ragatz four bathing establishments with 81 baths—these are lined with Dutch tiles, many of them are luxuriously fitted with appliances for the self-administration of the douche or shower bath, both hot and cold. In addition there is a very fine swimming bath supplied with the thermal water. The temperature of the baths at Ragatz is $+ 28\frac{1}{2}^{\circ}$ Reaumur or 96° Fahrenheit and that of the swimming bath is 23° Reaumur or 84° Fahrenheit. The water is continually flowing through all these baths and this adds much to the pleasure.

The diseases for which the baths of Pfäfers and Ragatz have been chiefly prescribed, are:—

1. General debility, whether consequent upon defective nutrition and development, or upon convalescence from severe illness.

2. Nervous affections of various kinds, disturbances in the functions of the organs of sensitiveness and motion, neuralgic and paralytic affections.

3. Diseases of the mucous membranes of the digestive or respiratory organs, of the urinary apparatus and in the weaknesses arising from such diseases.

4. Chronic rheumatism, and gout, and the tendency to consequent perspiration.

5. Uterine diseases, so far as they are caused and maintained by inflammation of the uterus and of its surrounding parts.

5. Chronic cutaneous diseases, erythema, eczema, prurigo, eruption of the skin and fistula.

7. Fractured bones, badly healed and with callous hyperostosis.

8. In marasmus, whether occurring in consequence of advanced age, or prematurely as a result of other causes (constit. syphilis).

In addition to these, we may add that, the waters have a great influence in restoring the cerebral power when it has been weakened by brain-fag or continued worry and anxiety.

Many theories have been ventured as to the mode in which these waters exert their beneficial influence. Chemical analysis shows that there are but three parts of solid material in each 10,000 parts of water, and of this minute quantity of solid matter, carbonate of lime represents nearly the half (*i.e.*, $1\frac{23}{100}$), the other constituents are chloride of sodium, sulphate of magnesia, sulphate of lime, carbonate of magnesia and silicic acid. Hence, practically, the Ragatz water, in chemical constitution, represents very nearly the second dilution of Calcarea; and it will be seen by comparison with the pathogenesis of that medicine that the diseases in which the Ragatz waters are curative are, for the most part, those to which calcarea is homœopathic, and the remainder are those in which we should apply galvanism or electricity. Physicians of the old school unwilling to admit that the infinitesimal proportions of chemical ingredients contained in this water can induce curative results, attribute its power to its supposed electrical condition. For my own part, I am inclined to think that the temperature of the water and the salts of lime, magnesia, soda, and silicea—infinitesimal though they be, amply account for its remarkable curative power in the diseases above indicated. The natural temperature of the water being about that of the blood heat has a most soothing and restoring influence to the nervous system when taken as a bath, and the condition under which these baths are taken still increases their power to soothe, for the water slowly flows through the bath in a gentle stream during the whole time it is taken. The water is extremely pure and limpid, its specific gravity is 0. It contains a considerable quantity of gas and is altogether tasteless. In the bath it appears of a lovely pale green colour. From its great purity it produces when drank a soothing and agreeable sensation in the stomach, it increases

transpiration, &c. It digests easily and quickly, passes into the circulation, and is excreted through the kidneys. It promotes excretion generally. In some patients it induces constipation, but more often acts as a gentle purgative. Unlike ordinary warm water at the same temperature it never provokes nausea.

Used as a bath it acts first upon the skin, rendering it smooth and supple, increases the circulation of the blood in the capillaries, and reduces congestions of the internal organs; at the same time it increases the action of the glandular system, augments the bodily warmth, and produces a pleasant excitement of the peripheric nerves. As a result, the functions of the various organs are regulated and harmonised, the digestive power is aided, the condition of the blood is ameliorated, the secretions and the assimilation of food proceed more actively, and the action of the nervous system, hitherto feeble or over excited, is reinforced or calmed.

Usually the bath is taken every day, but sometimes this is found too exciting, in which case it is better to bathe every second or third day. Those invalids who are very feeble should bathe after breakfast, but never sooner than two hours after their meals. The usual duration of each bath varies from 15 to 45 minutes; the patient himself will soon discover the proper time for his bath. After the bath it is better to retire to one's chamber and to lie down, lightly clothed, for from 15 to 30 minutes.

The "cure" consists in a course of from three to four weeks. In some cases it is better to take two short courses, and with an interval of a few days between each.

There are no special rules of diet necessary while taking these waters further than those already rendered desirable by the nature of the individual case.

Gentle exercise is advised during the cure, but over-fatigue is to be carefully avoided.

The excursions round Ragatz, both for pedestrians and for carriage or horseback exercise, are varied and beautiful in a high degree. Woods, rocks, gorges, valleys, hills and mountains of considerable altitude, are all within easy range. The botanist, the archæologist, the angler, the Alpine climber, will all find abundant objects of interest here.

Before closing my paper I must offer my tribute to the

excellence of the arrangements in the two chief hotels attached to the baths. I stayed at the older of the two hotels, the Hof Ragatz, and it is impossible to speak too highly of the civility and kind attention shown by the excellent manager, Mr. J. Giger, who devotes an amount of personal care and kindness to his guests which is rarely to be found even in this land of hotel perfection. At the Quellen Hof, the newer and grander hotel, M. Kinberger exerts himself to the utmost to make his guests' stay pleasurable. There are other admirably-conducted hotels in the village, the chief of which is the Tamina, to which also is attached a series of baths. There is, therefore, no lack of accommodation of a first-class character for those invalids who seek healing at the waters of Ragatz.

It is advisable, however, always to write a few days or weeks beforehand to engage rooms during the season, in order to save disappointment.

I would merely add that those invalids who require a course of iron waters previously to their taking the nerve-stimulant waters, and who are unable to travel so far as to St. Moritz for this purpose, may find at Spa, in Belgium, all that they desire; while from its position—about half-way from London to Ragatz—it affords an excellent resting-place to the health-seeker of weak physical powers.

58, Brook Street.

EUCALYPTUS GLOBULUS.

WE have received an interesting communication regarding the pathogenetic properties of the blue gum-tree of Australia from Dr. FAWCETT, a practitioner of medicine in that colony. He tells us that some three or four years ago, failing to find any account of the medicinal-properties of this species of the Eucalyptus, he determined to ascertain them by personal experiment. The preparation he used was a decoction of the leaves. He put twenty leaves into a pint of water, and allowed it to simmer until the quantity was reduced to one-half; of this he took a tablespoonful three or four times a day. After using it regularly for several days, its influence showed itself in eruptions upon the skin of an herpetic character, in glandular enlargement, and in the development of foul and indolent ulcers. Next in order were felt a tenderness

and burning sensation in the stomach and bowels, with great heat in the rectum, which was followed by tenesmus with discharge of mucus and great prostration. Violent purgation and hæmorrhage from the bowels ensued, and a suspension of the experiments became necessary.

Having recruited his strength, Dr. F. repeated his daily doses of a decoction of the leaves of the Eucalyptus, and soon experienced pains which he describes as being of a rheumatic character. The pains were mostly of a jerking, tearing, stitch-like nature, and were worse at night. He also again felt the burning sensation in the epigastric and umbilical regions which he had previously noticed, together with a tormenting thirst, faintness, vertigo, dimness of vision, a sense of fulness in the head with dull frontal headache, and a tightness across the bridge of the nose as if profuse epistaxis would set in. In both upper and lower extremities pricking sensations were first noticed, followed by a painful aching in both arms and legs, together with a sense of fulness in the veins, and a stiff, weary sensation, as if too lazy to move. At this step it was deemed advisable to again discontinue the experiments for a time. On renewing it four months afterwards, similar eruptions again recurred, together with swellings in different parts of the body. One, below the nipple on the right side, about the size of a filbert nut, was the seat of stabbing and darting pains. It remained for upwards of two months, and at the time the letter we have received was written, it was disappearing under the influence of *phytolacca decandra*.

Dr. F. was requested to see a lad 13 years of age, who appeared to be suffering from rheumatic fever. The usual remedies were of no service. On more closely examining the boy's condition, he found many nodular swellings over the metacarpal and metatarsal joints. He could neither walk nor carry anything without great pain. Noticing a similarity to the symptoms the Eucalyptus had produced on himself, he taxed the patient with having eaten the leaves of the tree, and on pressing him he found that he had eaten largely of the gum and had chewed many leaves. Dr. F. believes that his symptoms were entirely due to the action of the leaves and product of the Eucalyptus.

The symptoms recorded form a brief but striking proving of a drug, the physiological action of which deserves careful study.

INDEX TO CASES OF POISONING IN THE ALLOPATHIC JOURNALS.

By E. W. BERRIDGE, M.B. Lond.

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- Agaricus*, iii. 41; xii. 385, 512; xxxii. 364; xxxvi. 451; xx. 457–60, 567; xv. 247; xxi. 14; xxv. 123.
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No. 30.—BRITISH ANNALS OF MEDICINE, 1837.

I have only been able to examine two volumes, and of these Vol. II. has pp. 1-384 only. Were any more vols. published?

Amygdalæ, ii. 377.

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No. 31.—MONTHLY ARCHIVES, 1834. Only one volume
examined.

Colchicum, i. 469.

Kali cyanidum, i. 269.

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No. 32.—MEDICAL MUSEUM, 1781, Vols. I.—III (vols. I.—II.
are of 2nd edition.)

Aconite, i. 515 ; iii. 233.

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No. 33.—MADRAS QUARTERLY JOURNAL OF MEDICAL SCIENCE,
1860–7. (No more volumes in the Library.)

Arsenic, v. 308–16, 460 ; xi. 304.

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No. 34.—LONDON AND EDINBURGH MONTHLY JOURNAL OF
MEDICAL SCIENCE.

With Vol. IV. this work takes the name of *Monthly Journal of Medical Science*. With Vol. VII. a New Series begins, the work being joined with the *Northern Journal of Medicine*. The last volume I have been able to examine is Vol. XX. (1855).

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No. 35.—TRANSACTIONS OF THE MEDICAL SOCIETY OF NEW
 YORK, 1860. (I have not been able to examine any more
 volumes.)

Bismuth, p. 14.

No. 36.—OBSERVATIONS ON POISONS. By Thos. Houlston, M.D.
 1787.

Cantharides, p. 93.
Mercurius, pp. 33, 81.
Ænanthe, pp. 15, 40.

No. 37.—CASES AND OBSERVATIONS BY THE MEDICAL SOCIETY OF
 NEW HAVEN COUNTY. . 1788.

Mercurius, p. 42.

No. 38.—TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF
PHILADELPHIA. 1793. No more vols. obtainable.

Datura stramonium, p. 198.

No. 39.—TRANSACTIONS OF THE MEDICO-CHIRURGICAL SOCIETY
OF EDINBURGH. 1824. No more vols. obtainable.

Datura stramonium, p. 285.

Snakes, p. 570.

No. 40.—MEDICAL OBSERVATIONS AND INQUIRIES. 1764–84.
6 vols. No more in library.

Atropa belladonna, vi. 222.

Cuprum, ii. 1, 146.

Conium, iii. 400.

Cephaelis ipecacuanha, i. 240.

Mercurius, i. 213–31; 256–64; vi. 138.

Papaver, vi. 331.

No. 41.—MEDICO-BOTANICAL TRANSACTIONS. 1829. Vol. I.,
parts 1 and 4. No more in library.

Aconitum ferox, i. part 4, p. 52.

Conium, i. part 4, p. 127.

Sarsaparilla, i. part. i. p. 61.

No. 42.—PROCEEDINGS OF THE ROYAL MEDICO-CHIRURGICAL
SOCIETY OF LONDON. 1856. Only 5 vols. in library.

Absinthium, iv. 156.

Arsenic, iv. 4.

Atropa belladonna, iii. 98.

Phosphorus, v. 261, 330.

No. 43.—OPHTHALMIC REVIEW. 1864. Only 3 vols in library.

Atropa belladonna, i. 356; ii. 203, 397.

Papaver, ii. 397.

Physostigma venenosum, i. 36, 58; ii. 52, 415.

Plumbum, i. 156.

REVIEWS.

C. Hering's Materia Medica, with a Pathological Index. Vol. I.
New York and Philadelphia: Boericke and Tafel. London
and Manchester: H. Turner & Co. 1873.

For half a century the name of Constantine Hering has been
known as that of an indefatigable worker in pressing forward a
knowledge of the principles taught by Hahnemann. A pupil of

that distinguished physician, he has striven earnestly for the *ipsissima verba* of his master. All that Hahnemann taught is, or at any rate appears to be, according to Hering, necessarily true. Homœopathy, as has repeatedly been shown, is one thing, and the body of doctrines taught by Hahnemann quite another. The latter include homœopathy, though at the same time they comprehend much with which homœopathy has no more concern than any other system of therapeutics. With everything in medicine that Hering regards as true, as necessary to successful practice, we have no more sympathy than we have with the coarse invective and grossly unjustifiable imputations of the worst of motives with which he invariably assails all who venture to differ from the conclusions he has arrived at, or from the pathological doctrines and posological views promulgated by Hahnemann. At the same time, we cheerfully recognise in him one who has rendered services of the greatest value to homœopathy.

The present position of our system in the United States, spread as a knowledge of it is through every part of the Union, powerful in influence as its representatives are wherever they are to be found, is in a great measure traceable to the early efforts of Constantine Hering. To him we are indebted for the provings of *lachesis*, of *apis mellifica*, and of sundry other drugs which occupy a prominent and useful position in our *Materia Medica*. How he has lectured, written, and laboured in his never-tiring exertions on behalf of homœopathy, is well known to all who are in any way familiar with homœopathic literature. Once more he presents us with a bulky and well-printed volume of provings of alum, carburetum sulphuris, coca, cuprum, eupatorium perfoliatum and purpureum, formica, mercurius iodatus ruber, natrum sulphuricum, nux moschata, osmium, phytolacca, sarsaparilla, spongia, stramonium, and theridion curassivicum. It is a work in which the virtues that have made its author known, and the faults which have incurred for him the ridicule of many and the dislike of not a few, are equally conspicuous. Conscious, then, alike of his great merits and his but too well-marked defects, we proceed to the examination of this the first volume of his *Materia Medica*.

Experiments with drugs on healthy persons are essential to the practice of specific medicine. Without them we can do nothing with drugs towards the cure of disease. Further, to prescribe with accuracy and with confidence, such experiments must be exact and reliable in all their particulars. The results set down as due to the action of the drug to which they are credited must bear upon the face of them evidence of their reality. We ought to have good ground for the assurance that they are in no case attributable to any other circumstance than

the taking of the preparation to the influence of which they are ascribed. How much caution such requirements demand from the experimenter, how much intelligent discrimination, and how much careful examination on the part of an editor of such experiments are necessary to the production of a trustworthy set of provings it would indeed be difficult to estimate, as in truth it is to gauge the degree of responsibility attaching to any one who undertakes to issue such a work. Health and life to the patient, success or failure to the physician, are dependent upon the reality of their records. Again, the plan upon which such experiments are given to the profession is a matter of first-rate importance. They should be so placed before us as to admit of our being able, by careful study, to form an opinion of their validity; to see for ourselves how far they are worthy of our confidence as the genuine products of drug action; and secondly, they should be so arranged as to allow of easy reference. These two points Dr. Hering discusses in his preface. He settles the first by accepting as genuine symptoms all that have "been given as *bond fide*," and then tells us to "put the test of practice to them." This certainly relieves an editor of very much trouble, but it renders his work one on which no very great reliance can be placed. Such is far from having been the course pursued by Dr. Drysdale in his very valuable proving of *bichromate of potash*. In a note, in the first chapter of his monograph on that drug, he says: "In selecting the groups of symptoms which compose the following *schema*, I have subjected the narratives of the experimenters to what may appear somewhat rigid criticism; and in the fear of incorporating any useless or doubtful symptoms, may have left out many that are valuable. But I hold that it is better to reject many real symptoms than admit one false one, as one false symptom tends to vitiate the whole by destroying our confidence in the rest." In the book before us no such "rigid criticism" has been applied to the narratives of the experimenters; on the contrary, anything of the kind is deprecated in the strongest terms! Dr. Hering asks, in a very decided tone, who is to say "what is uncertain and what is not?" If an editor of a *Materia Medica*, based upon experiments, is not competent to decide as to the reality, or at any rate as to the extreme probability or otherwise of the results of those experiments, is not capable of distinguishing between the *post hoc* and the *propter hoc*, he is no fit person for the position he has assumed. The result of this absence of critical examination in the work before us, is a multiplication of symptoms, arranged in an artificial *schema*, and so utterly disconnected as to render it all but impossible for a student to separate the doubtful from real, the probably true from such as have no claim to be considered drug symptoms at all. Possibly

Dr. Hering regards this as one of the great advantages of his work. The wheat and the tares are so thoroughly intermixed as to render the provings most difficult to use at the bedside! Any one wishing to obtain a fair knowledge of the provings recorded by Dr. Hering must sit down, pen in hand, and transcribe the groups which appear to be most clearly the effects of the drug. When this has been done, Dr. Hering's work will be very considerably abridged.

The arrangement adopted adds to the confusion this want of critical examination has created. The symptoms which have arisen from a drug taken designedly or accidentally by a healthy person, such as have been supposed to have arisen from a drug in the course of an illness, and cases believed to have been cured by a drug, are all mingled together, simply distinguished one from another by some mark or sign. The numerical strength of the symptoms has been increased by their frequent repetition under different rubrics. The symptoms which are attributed to the effects of *nux moschata* amount in this way to 2,090! Dr. Helbig, who devoted seven years to the collection of all related concerning this drug in the literature of medicine from the earliest period downwards, and who was assisted by twelve male and nine female provers, records 250 symptoms only, and of these a large proportion were repetitions. The amount of type and paper which have been consumed by this plan would have been much more profitably occupied by the day-books of the provers. Dr. Hering allows that "it is always better, if we can afford it," to have such day-books printed. We do not think that the cost of Dr. Hering's volume or its size would have been increased to any important extent had such day-books been printed, and the symptoms there recorded catalogued, each having a reference to the day-book, whence it was drawn. Watzke's proving of *colocynth*, giving full details of each prover's experiments, occupies 75 pages in the Appendix to the *North American Homœopathic Journal*. Ten or fifteen more would have provided an ample index. *Nux moschata*, given after Hering's manner, fills one hundred and twenty pages! Again a large saving of space would have been effected by proceeding on the plan adopted by Dr. Drysdale, of giving simply the groups of symptoms specially relating to each organ, and adding under each section an index in smaller type, with numbered references to each symptom. Abundant room would thus have been provided for the publication of all the experiments.

The insertion of cases, supposed to have been cured by a medicine, in the course of a record of its proving, and numbering the symptoms of such cases as if they were the "pure effects" of the drug, is both confusing and unjustifiable. Such illustrations of the action of a drug are of great value, but their

proper place is in an appendix. Elsewhere they are but too likely to prove misleading.

After all that has been urged so frequently against the limitation of the records of the action of our drugs to a mere catalogue of their effects arranged in an artificial schema, it is grievously disappointing to be denied in a new work of so much importance as that before us all access to the original experiments—to the very documents which can alone enable us to understand the action of a drug. We certainly require the catalogue, but in order to use it we also need to have the works it indexes.

It is true that Dr. Hering has done what could be done, to compensate for the defects of so faulty an arrangement. The catalogues of symptoms are in each case preceded by a distinct statement of the names of the provers, and as far as possible of the preparations used; while each symptom has the initials of the prover attached to it. Four of the provers of the *erythroxylon coca* used the 21st centesimal potency. This was prepared, we are told, "with distilled water, giving 25 strong succussions to each potency, and then emptying the bottle and potentizing on the residuum. To the 21st alcohol was added"! Out of about 900 symptoms something less than a third are ascribed to this powerful preparation of "residuum!" One of the provers marks as a result of his experiment—on the second day after taking the appalling dose of one drop of the 21st centesimal dilution of residuum of *coca*—the existence of a "confusion of brain" and a "disposition to sleep." Did it, we should like to know, require such a dose of such a preparation to bring about such conditions in this individual? Were they unusual with him?

Thus it comes to pass that by the omission of a great deal that might have been of the deepest interest to the student of *Materia Medica*, and by the faulty and confusing arrangement of what information is vouchsafed to us, a work which really contains a large amount of valuable knowledge regarding some important drugs, has had its utility greatly diminished. If, however, those who procure it will exercise patience, care, and thought in the study of its pages, they will find their resources considerably increased.

We cannot conclude our notice of this book without expressing our regret that Dr. Hering should have seized this opportunity for reproducing his indecent attacks upon Noack, Trinks, Sharp, Roth, and others. The scurrilous lampoon written by him on the appearance of Dr. Sharp's essay on *Organopathy*, one would have thought that Dr. Hering would have been glad to have forgotten to have referred even to its title-page.

Bönninghausen's Homœopathic Therapeia of Intermittent and other Fevers. Translated, with Additions, by A. KORNDÖFER, M.D. New York: Boericke and Tafel. London: Turner and Co. Pp. 248.

This work is a beautiful specimen of typography: the letter-press throughout is clear and distinct, and the Repertory, which is by far the most voluminous part of the book, has different types, to indicate the supposed gradations of value in the different medicines.

The first portion of the work, containing 62 pages, is a collection of the "Fever" symptoms in the materia medica, and these are divided into the four rubrics of Pulse, Chill, Heat, and Sweat. This arrangement is not devoid of serious objection: chill and heat are, properly speaking, the only absolute elements of an attack of fever; the state of the pulse and skin should be taken into account only with reference to them. Many of the pulse-symptoms have evidently no connection whatever with any febrile condition, but rather with the state of the heart or general strength. For instance, on page 1, under *Actæa*, we get "Pulse weak and irregular or quick and weak. Pulse feeble in the morning with weakness and trembling. Pulse slow, intermitting;" on page 15, under *Bismuth*, "Pulse generally contracted, somewhat spasmodic, and at times intermittent;" on page 41, under *Mur. acid*, "Pulse weak and slow, frequently every third beat intermits;" and so on.

Of the Repertory we can only say that it seems a thoroughly full one; not only the general character symptoms are given, but also the aggravations, ameliorations, and concomitant symptoms. There is, however, this failure in the arrangement, and it is a failure in all repertories hitherto contrived, with the exception of that publishing by the Hahnemann Society: there is, for instance, no means for the observer to discover to which of the numberless varieties of "Heat" a given concomitant belongs. Thus "excitable mood" may be a concomitant of "Heat in the stomach" or "Heat in the female genitals," two very different sorts of symptoms, either of which might exist without any general febrile condition. So also "Pains in the teeth" may be a concomitant symptom of "Sweat attracting flies," which we may presume to be of a more or less saccharine character, or of "Sour sweat," or of "Sweat spreading from the umbilicus." Of course it may be said, consult the *Materia Medica*; and so the prescriber will: but a perfect Repertory should enable him to decide on one, two, or three remedies at any rate, and not send him to his *Materia Medica* in doubt concerning a dozen or twenty.

The third section, which gives the relation of the fever stages, strikes us as the most valuable part of the work. It answers

completely to Sect. IV. of the English Repertory, and might be reproduced almost verbatim when the section on fever in that work is published.

The fourth section, containing "Pathological Names of the various Fevers," and a long list of medicines after each name, had been better omitted. It is such lists as these that furnish grounds for satirical remarks, such as Professor Binz has lately indulged in with regard to homœopathy; and of a truth no good can possibly come either to physician or patient by the most painstaking perusal of them.

We do not expect that English physicians will find much help from this publication, but it will no doubt be highly valued wherever malaria prevails and intermittent fevers occur. We doubt its use, as a general rule, in the typhus or enteric fevers that we in this country are in the habit of seeing; in these we have to make the physical signs rather than the subjective symptoms the basis of our treatment. But agues demand a more careful study and individualization, and any work that will assist in this and aid in the cure of the too-frequently cinchonised patient must be very welcome.

EXTRACTS FROM MEDICAL LITERATURE.

Belladonna Plaster in Vomiting.—An abstract of a paper by Dr. GUÉNEAU DE MUSSY, read at the Paris Therapeutical Society, on the good effects of Belladonna plaster in vomiting from various causes, appears in the *Med. Times and Gaz.* (Oct. 11, 1873). Following Brettonneau, who prescribed frictions of the extract of belladonna over the hypogastrium with much success in the vomiting of pregnancy, Dr. De Mussy has used a plaster composed of diachylon plaster and theriac plaster each two parts, and extract of belladonna one part, the plaster being twelve centimeters in diameter.

"It may remain applied to the epigastrium for twelve or fifteen days without being renewed; and out of the thousands which he has employed the author has only met with one case in which an idiosyncrasy caused some ill effects to result. It is not meant to be asserted that this means always succeeds, but it has succeeded in a very great number of cases, either in entirely relieving vomiting or greatly mitigating it, some remarkable examples of which are alluded to in the paper. This success has encouraged Dr. Guéneau de Mussy to try the effect of the plaster as a prophylactic and curative in sea-sickness, and although as yet he has only tried it in four cases, he entertains great hopes of the benefit to be derived, and at all events thinks that so simple a remedy deserves further trial in so extremely painful an affection, which has hitherto resisted all measures of

relief. The first of these four cases occurred in the person of a young married lady, who never could place foot on a vessel without being tortured by sea-sickness, and who always landed in a state of exhaustion and semi-syncope. Having to make a voyage to Australia she was advised to try the belladonna plaster, and after having had some vomiting on the first day, she, when last heard of, had traversed the Red Sea without sickness and in good health. A Brazilian physician, who had made several visits to Europe, and every time had been tormented by repeated and obstinate vomiting, and suffered greatly from this, eagerly adopted the plaster, and although in his last voyage the passage was a very bad one, he only felt slight nausea. A great personage of the same country was also a constant victim of sea-sickness, but on the last occasion he made the passage without any attack, and was able to walk the deck, which he had never done on any of the other passages. On board the same vessel was a lady in whom sea-sickness had produced, if not alarming, yet very distressing symptoms. One of the plasters was applied, and in the course of a few hours the vomiting, which had been incessant, completely ceased, so that the patient was enabled to join the other passengers on deck. These observations are given only for what they are worth, wanting as they are in exact details; but they may serve to draw further attention to the means employed."

The following occurs in the *Med. Rec.* of Nov. 12, reported by Dr. Ringer.

"*Atropia Rash.*—In a note from Dr. GEORGE N. MONETTE, of New Orleans, to the *American Practitioner*, he says he recently injected into the left arm of a young woman suffering from muscular rheumatism the third of a grain of morphia and the sixtieth part of a grain of sulphate of atropia. In a few moments after a scarlet rash appeared on and was limited to the right side of the body."

The following case of Poisoning by *coffee* is related in *Med. Times and Gaz.*, Nov. 22.

"Dr. CURSCHMANN, of Berlin, relates (*Deutsche Klinik*, No. 41) the following case of poisoning by coffee:—He was called, in the afternoon of August 10 last, to a tailor's wife, aged 27. It seems that, believing herself to be in a state of pregnancy, of which she had a great fear, she had two hours before drank a very strong decoction of coffee, in the hope of inducing abortion. This she had prepared by boiling 250 grammes of fresh roasted and finely ground coffee in about 500 grammes of water. The decoction was then forcibly pressed through a wooden filter, and the whole of it she drank off at once, without any addition being made to it. A quarter-of-an-hour afterwards the symptoms began to appear, the great increase of which caused the reporter to be

sent for. He found her sitting on a sofa, with a pale countenance expressive of the deepest mental anguish. She complained of want of air, and a sensation as if her chest were compressed, and clung convulsively to articles of furniture or the persons near her, moving constantly from place to place and trying to get up, but sinking down again quite powerless. The limbs, and especially the hands, were affected by chorea-like movements, so that the patient was unable to hold either a glass or spoon. She recognised those about her, and was aware of the cause of her sufferings, but still her sensorium was evidently not quite clear; and next day she retained only a very obscure recollection of what had occurred. Plain or connected answers were not obtainable from her, and only after much effort and persuasion could her attention be engaged at all, she continuing to incessantly repeat the same phrases in the most dolorous tone. The pupils, somewhat enlarged, acted normally, and there was neither disturbance of vision, headache, or singing in the ears. The forehead was cold, and the temperature of the other parts of the body did not seem raised, but the excessive restlessness of the patient prevented the application of the thermometer. Corresponding with the patient's complaint of a feeling of suffocation and excessive breathlessness, the respiration was painful, short, and rapid, counting from 24 to 30. Auscultation indicated no abnormality. The patient complained also of distressing palpitation, and the excessive impulse seemed almost to raise the chest; but although the sounds were loud and penetrating, they were pure. The pulse was 112. An hour after taking the coffee severe diarrhœa commenced, which continued to recur about every half-hour for long afterwards. But more distressing to the patient than this was a frequent desire to pass urine, which came on every quarter-of-an-hour. The urine, having a specific gravity of 1014, was considerably increased in quantity. The patient remained in the same state for several hours, becoming somewhat more quiet later in the evening, under the influence of morphia; yet, upon the whole, a very restless night was passed. In the course of two or three days she entirely recovered, the menstruation reappearing, the absence of which had led her to believe herself pregnant."

An interesting paper occurs in the *Lancet*, Oct. 11, by Dr. BERKART, on "'Rest' in the Treatment of Consumption of the Lungs." He argues that the lungs in this disease ought to be treated like an inflamed limb, which every one treats by keeping the part entirely at rest. In the case of the chest, he advocates the use of strapping to the affected side of the chest, in order to prevent motion as much as possible, and thus give the affected lung the minimum of work to do. For further particulars we refer the reader to the original paper. In the *B. M. J.*, Nov. 22,

Dr. DOBELL writes on the "Importance and Dangers" of this method of treatment. He enumerates the cases in which it is advantageous or dangerous to use this plan of procuring "rest."

The following important and interesting observations occur in the *Med. Rec.*, Dec. 17, 1873, in a paper giving the results of experiments by ROSSBACH and FRÖHLICH, "*On the Physiological Action of Atropia and Physostigmin on the Pupil and Heart.*" Its bearing on homœopathy and the power of small doses is too evident to require further notice:—"Rossbach and Fröhlich record some new and very interesting observations on this subject in the *Verhandlungen der Physikal-medizin. Gesellschaft in Würzburg*, new series, vol. v., pp. 1-79. They find that atropia in very small doses ($\cdot 000003$ to $\cdot 000006$ grammes = about $\cdot 00005$ to $\cdot 0001$ grain) causes contraction instead of dilatation of the pupil. It does this by irritating the ends of the third nerve. Physostigmin in small doses (of several milligrammes) also causes contraction of the pupil by irritating the third nerve. It does not paralyse the sympathetic, and the contracted pupil may be dilated by irritating this nerve. In doses of a hundred-thousandth of a gramme ($\cdot 00015$ grain) and upwards), atropia produces dilatation of the pupil, which, according to the dose, is sometimes preceded by contraction, and sometimes not. The largest quantities of atropia required to dilate the pupil at once are considerably less than the smallest doses of physostigmin requisite to contract it. Dilatation of the pupil is due to paralysis of the ends of the third nerve. Even when large doses of atropia have been given, the pupil can be dilated still more by stimulating the sympathetic nerve, or irritating the dilator muscle of the pupil directly by electrodes applied to the inner margin of the iris. Very large doses of atropia paralyse the sympathetic nerve and the dilator muscle, so that the size of the pupil again diminishes. Physostigmin in very large doses dilates the pupil by paralysing the ends of the third nerve, instead of causing contraction as it does in moderate doses. The action of both alkaloids on the pupil is thus exactly alike. Small doses of both cause contraction, large doses cause dilatation. The only difference is in the quantity, the action of atropia being immensely stronger than that of physostigmin, so that it requires an extremely minute quantity of atropia, and a tolerably large one of physostigmin to produce dilatation. The frog's pupil is affected in exactly the opposite way to that of mammalia. It is always contracted by atropia ($\cdot 0004$ to $\cdot 001$ gramme = $\cdot 006$ to $\cdot 015$ grain) and dilated by physostigmin ($\cdot 002$ to $\cdot 008$ gramme = $\cdot 03$ to $\cdot 12$ grain). Cold also affects the frog's pupil in an opposite way to that of mammals. As regards the antagonistic action of the two alkaloids on the pupil, the authors find that atropia in certain doses will

remove the contraction caused by physostigmin, but that the latter drug cannot remove the dilatation caused by atropia. The heart of the frog is affected in three ways by atropia, according to the individual constitution of the animals employed. In one set of frogs small doses (a decimilligramme to a milligramme) caused great slowness of the pulsations, and sometimes complete stoppage in diastole, even after division of the vagus. After a longer or shorter time the pulsations return to their normal. During the slow stage the pulsations can be arrested by very weak interrupted currents applied to the venous sinus; but after the pulsations begin to become quicker, a stronger and stronger irritation is necessary to produce this effect. At the same time that atropia produces slowness of the heart-beats and longer diastole, it makes the systole stronger and longer. These phenomena show that the atropia has strongly stimulated both the inhibitory centres and the musculo-motor nervous system in the heart, the former predominating over the latter. In this condition the action of atropia very closely resembles that of muscarin and nicotin. Larger doses paralyse the heart. In another class of frogs the smallest doses of atropia (decimilligramme) gradually lessen the power of the inhibitory centres in the heart, without previously stimulating them. As their irritability decreases, the musculo-motor nervous centres also become weakened, and finally they and the inhibitory ones become paralysed at the same time. In a third class, the inhibitory centres are rapidly paralysed, while the musculo-motor ones are only slightly or not at all affected. In this class, the ends of the vagus in the heart seem to be paralysed before the inhibitory centre, so that, shortly after the administration of the poison, irritation of the nerve may have no effect on the pulsations, while they can be still arrested by irritation of the venous sinus. The action of atropia upon rabbits is analogous in many respects to that upon frogs. Small doses stimulate the vagus and render the heart's action slow. In this condition a very weak stimulus to the vagus is sufficient to stop the heart. Moderate doses at first stimulate the vagus and then paralyse it. The paralysis caused by moderate doses is not very persistent, but varies greatly, so that a stimulation of the vagus will sometimes produce no effect, and next minute it will stop the heart. The same thing probably occurs in man; for slowness of the pulse is sometimes noticed in poisoning by belladonna. Physostigmin in small or moderate doses ($\cdot 0005$ to $\cdot 008$ gramme = $\cdot 0075$ to $\cdot 0125$ grain) produces in many frogs no change either in the rapidity or quality of the cardiac pulsations. The injection of $\cdot 05$ gramme ($\cdot 75$ grain) in the same animals produced general paralysis of the heart. In other frogs after very small doses ($\cdot 0005$ gramme = $\cdot 0675$ grain) distinct slowness of the

heart's action was produced; doses of .001 gramme (.015 grain) then produced stoppage of the heart in diastole. Notwithstanding that the inhibitory centres in the heart were irritated, as this phenomenon shows the vagus, which had previously been irritable, lost its power over the heart after the poison had been given. This shows that the ends of the vagus in the heart were paralysed, but the irritability of the inhibitory centres in the heart itself was immensely increased. Thus a very much weaker irritation of the venous sinus and auricles would produce stoppage in diastole after the poisoning than before it. The contractions of the heart become very much stronger and longer, at the same time that the inhibitory centres become excited. Thus it happens that the heart alternately stops in systole and in diastole. This shows that physostigmin irritates the inhibitory and musculo-motor cardiac centres. In the struggle between these two, sometimes the one preponderates and sometimes the other. Paralysis of the heart follows an increase of the dose, and is the final result of smaller doses. The ventricles are paralysed before the auricles. When small doses were given to rabbits, the frequency of the pulse diminished, and the irritability of the vagus increased."

In last series of Extracts, the use of *Croton-chloral Hydrate*, in *Neuralgia* was noticed. The following on the action and uses of this substance by Dr. LIEBREICH, of Berlin, is interesting.—*B. M. J.*, Dec. 20, 1873 :

"I have the honour of directing attention to a new remedy, which serves to corroborate the theory I have propounded with respect to the action of hydrate of chloral.

"When chlorine gas acts on aldehyde, croton-chloral is formed, as has been demonstrated by Dr. Krämer and Dr. Tinner. In order to avoid a mistake which is apt to be caused by the name, I must here remark that this body possesses no relation whatever to croton-oil, although its chemical constitution proves it to be the chlorated aldehyde of crotonic acid. Croton-chloral differs in its outward appearance from hydrate of chloral, by its being dissolved with difficulty in water, and by its crystallising small glittering tablets. Its action, though similar to that of hydrate of chloral, differs widely from the latter with regard to its physiological effects. Four grammes, or a drachm of this substance, dissolved in water, and introduced into the stomach, produce in the course of from fifteen or twenty minutes a deep sleep, accompanied by anæsthesia of the head. Whilst the eyeball has lost its irritability, and the nervus trigeminus shows no reaction whatever on being irritated, the tone of the muscles remains unaltered.

"I have experimented with this remedy on maniacs during an attack of mania. They remained quietly sitting on their

chairs in a deep sleep, their pulse and respiration being unchanged for two whole hours together. If anæsthesia had reached so high a degree in consequence of the application of hydrate of chloral, the patients would have dropped from their chairs, and both their pulse and respiration would have been considerably retarded. I have seen croton-chloral acting in the same way on healthy individuals. In some cases of *tic douloureux*, the remarkable phenomenon is exhibited that pain ceases before sleep sets in. I am sorry to say, however, that this remedy acts only as a palliative in this dreadful disease. I nevertheless prefer its action to that of morphia, because it has effects as good as the latter remedy, without being so detrimental to the constitution in general. I have never observed any unfavourable effects of croton-chloral on the stomach or any other organ, although I have made frequent experiments with it.

The indications for the use of this remedy are to be found—
1. In cases where hydrate of chloral is inapplicable on account of heart disease; 2. In cases of neuralgia in the district of the *nervus trigeminus*; 3. In cases where very large doses of chloral are necessary to produce sleep. I therefore recommend the addition of croton-chloral to hydrate of chloral.

Whilst examining the difference between the action of hydrate of chloral and that of croton-chloral, I have discovered the remarkable fact that it is not the first, but the second, product of decomposition of the latter substance which is brought into action, on account of the first being too rapidly destroyed. Croton-chloral, when subjected to the influence of an alkali, first forms allyl-chloroform, a trichlorated body, which is rapidly decomposed into a bichlorated substance called bichlorallylene. Now both chloroform and trichlorated substances act, as I have shown, in their first stage on the brain, in the second on the spinal chord, and the third on the heart. The retardation of respiration is to be explained by the agency of these substances on the last mentioned organ. Bichlorated substances act differently, as is proved by bichloride of ethylene. Even if the circulation of the blood in an animal have been stopped by this latter agent for one minute, life may be restored by artificial respiration, which is impossible whenever trichlorated substances have produced this effect, in which case the muscles of the heart remain paralysed. Well, in animals poisoned by croton-chloral to such a degree that both circulation and respiration are stopped entirely, artificial respiration is able to restore the action of the heart immediately, and the life of the animal may thus be saved. Bichlorallylene, inhaled by the lungs, produces the same effect on animals as croton-chloral. We thus see these bichlorated substances acting on the brain, spinal cord, and medulla oblongata, but not on the heart, which explains

the fact that both respiration and circulation remain unaltered in man by a medicinal dose. It is a highly interesting fact, however, that under favourable conditions, we still are able to produce in animals the effects of the first product of decomposition of croton-chloral—i.e., of the trichlorated substance or of allyl-chloroform. In order to observe these effects, it is necessary to introduce immense doses of croton-chloral into the body, when paralysis of the heart actually does ensue.

Dr. FORDYCE BARKER (*Med. Rec.*, Oct. 29th) recommends in *Sore Nipples*, where they are inflamed, but not abraded—1. A poultice, followed by the application of a solution of nitrate of lead in glycerine (10 grs. and ʒj.). “This is the most complete and perfect prophylactic against the occurrence of sore nipples that I know of.” If the skin is abraded or denuded, tincture of benzoin, applied with a camel’s-hair brush.

The same paper also contains the following:—

“*Joffroy on the Differential Diagnosis of Labio-Glosso-Laryngeal Paralysis* (*Gazette Médicale de Paris*, Jan. 25, 1873.—At the meeting of Aug. 10, 1872, M. Joffroy exhibited to the Société de Biologie a young female patient, who showed amongst other interesting things, a difficulty in the movements of her lips, her tongue, her velum palati, and larynx. M. Joffroy diagnosed an apoplectic form of labio-glosso-laryngeal paralysis, having its source in the medulla oblongata. Cardiac affection gave rise to numerous embolisms which resulted in paralysis, not only of the parts that have just been mentioned, but of the superior and inferior members, alternately on the left and right side. There was also loss of sight in the right eye. M. Joffroy gave as his opinion that the numerous anatomical lesions which gave rise to these symptoms were located in the eye, in the brain, in the cerebellum, and in the medulla oblongata, the morbid change in the latter causing the labio-glosso-laryngeal paralysis.

“It is known that when the two cerebral hemispheres are the seats of numerous apoplectic areas, of areas of softening, there is incomplete but sometimes strongly-marked paralysis of the lower half of the face, of the tongue, of the velum palati, and of the pharynx; in short, that there is that group of symptoms which constitutes labio-glosso-laryngeal paralysis.

“No one has pointed out the absolute differential character which enables us to distinguish that apoplectic form of labio-glosso-laryngeal, which has a cerebral origin, from that which results from apoplexy of the medulla oblongata. But if no general and absolute rules can be laid down, we may find in certain cases, peculiarities which leave no doubt upon the question. M. Joffroy thinks that this statement is applicable to his own patient.

“M. Joffroy observes that the cerebral lesions referred to

above may produce true aphasia. The patient, indeed, may recover the use of his limbs, and yet he cannot write.

"When the patient came into hospital, the paralysis of the tongue was strongly marked, but he could still raise it a little and slightly project it. Ten or twelve days later, the paralysis of the tongue was complete, and remained so for five months, after which it partly recovered its movements; moreover, at the time of M. Joffroy's communication, he remarked that the patient's tongue, which was glued, as it were, to the floor of the mouth, was completely immovable.

"Now this is a very important point. In labio-glossolaryngeal paralysis of cerebral origin, the motor difficulties of the lips, tongue, velum palati, and pharynx may be very strongly marked, but M. Joffroy thinks that there can never be complete paralysis of any of these parts for a great length of time.

"On the other hand, this fact is explained by the existence of a lesion in the medulla oblongata situated either at the level of the nuclei of origin of the hypoglossal, facial, and spinal accessory, or in the neighbourhood of these nuclei, so as to completely cut off their communications either with the centre of volition or with the peripheral organs.

"[In the *Philosophical Transactions* for 1868, part 1, p. 317, I have shown that a tapering process of the nucleus of origin of the facial nerve is sent downwards along the medulla. At its upper part it lies at the inner side of the glosso-pharyngeal nucleus and inner auditory nucleus, with both of which it is connected, as well as with the motor nucleus of the trigeminus. As it descends, it is situated first behind the spinal accessory and the hypoglossal nuclei, and then between the latter nucleus and the vagal nucleus. Now it is probable that the descending column of cells is the channel of communication for that portion of the facial nerve which supplies the muscles of the lips. We know how frequently and closely this portion of the facial is associated in function with the spinal-accessory and hypoglossal nerves in the operations of articulation and vocalisation. By referring to fig. 25, plate x. *Phil. Trans.*, 1868, it will be easily understood that a small spot of lesion—either a clot or a disintegration—occurring at the meeting of these three nuclei, viz., the spinal accessory, the hypoglossal, and the descending portion of the facial, which are in such close apposition, would paralyse, more or less, at the same time, the voice, tongue, and lips, and produce the phenomena of the disease first described by Duchenne (de Boulogne) under the name of paralysie glosso-labio-laryngie.—*Rep.*]"

D. D. B.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL BAZAAR.

ALL who feel an interest in the prosperity of the London Homœopathic Hospital will, we trust, give a practical expression of their feeling by doing everything that lies in their power to render the proposed Bazaar not merely a success, but a striking success. Faith in homœopathy, we are told by our opponents, is "dying"! They rest their conclusion on no more solid basis than the fact that homœopathic chemists sell a strong preparation of camphor, which they designate "homœopathic"! The list of names published by the Committee as patronesses of the Bazaar, constitute evidence of a much more practical and proportionally more weighty character that faith in homœopathy is living. A thoroughly successful Bazaar, in aid of the funds of the most prominent of all the institutions connected with homœopathy, will demonstrate in an unanswerable manner that this faith is not only living but active and earnest. It will show, that whatever may be our differences on matters of detail, we are as one man in our determination to promote the prosperity of our Hospital; that we are resolved to support the Board of Management in their efforts not only to maintain but to extend its usefulness, and to render all possible aid to the medical officers, who devote so large a portion of their time and talents, both in diffusing the benefits of homœopathy among the sick poor of the metropolis, and also in the collection of clinical facts tending to substantiate the truth of those medical doctrines, of the reality and inestimable value of which we are so abundantly convinced.

That our Bazaar may prove as successful as we desire to see it, as successful as it ought to be, as successful as the claims of the Institution, to foster which it will be held, rightfully demand that it shall be,—all that is required is that those who have derived benefits from homœopathy shall *work*. Work in endeavouring to obtain materials for its stalls, and for its Fine Arts Distribution. Work in securing the active aid of all who can contribute, in any way whatever, towards rendering the scene as effective and lucrative as such a scene can be made.

We are aware that already many zealous hearts and charitable fingers are employed in the preparation of articles for sale on this occasion. From many quarters the Bazaar Committee have received much promising encouragement. We trust that by the end of this month or early in March the expectations which have been raised will be more than fulfilled. If we gauge aright the willingness of the friends of homœopathy to exert themselves earnestly in so good a cause, we know that they will.

The FINE ARTS DISTRIBUTION bids fair to prove one of a most attractive order. The chief prize is a large and very valuable painting by JOHN HOUSTON, R.S.A., entitled, "The Captured Banner." It is the picture which obtained the first prize at the Crystal Palace Exhibition, and is of the value of £250. Besides this, pictures have been promised as prizes by several artists of the highest repute. Among them are—HOLYOAKE, HOUSTON, ROWBOTHAM, ORROCK, ELLIS, CLARKE, ARTHUR CROFTS, and several others. The distribution will also include engravings of various works of merit. Of these some have been obtained, while others have been promised, and more still will, it is hoped, be placed at the disposal of the Committee. All subscribers to this distribution who are not so fortunate as to secure one of these valuable paintings or engravings, will receive a copy of a photograph of a first-rate work of art. This photograph will, it is hoped, be printed by the Carbon process, and consequently be rendered permanent. The success of this part of the Bazaar may be already regarded as assured.

Another very interesting section of the Bazaar will, it is expected, exhibit several miles of telegraphic wire in operation, under the direction of one of the principal officials of the Post Office.

During the present month, another meeting of the Committee will take place, when all the arrangements necessary for developing the several departments of the Bazaar will be agreed upon. In view of this it would be very desirable if our friends in London and the country, who are endeavouring to assist in promoting the interests of the Bazaar, would communicate with the hon. secretary (the Hon. Warren Vernon, 52, Great Ormond-street, W.C.), and inform him of the amount and kind of aid they expect to be able to offer.

On a future occasion we shall hope to be in a position to enter more minutely into detail as to the prospects of the Bazaar. Meanwhile we shall content ourselves with commending it to the favourable notice of our friends, and, on behalf of the Committee, solicit their active and earnest co-operation in the work that has been undertaken. We may also add that the following ladies have consented to receive contributions, which it is requested may be sent, carriage paid, before the 1st of May, 1874:—

Mrs. Bayes, 58, Brook-street, Grosvenor-square, W.
Mrs. Braithwaite, 312, Camden-road, N.
Mrs. Burwood, Strathmore Lodge, Ealing, W.
Mrs. Dyce Brown, 261, Union-street, Aberdeen.
Mrs. Bulteel, 7, Osborne Villas, Windsor.
Mrs. Bradshaw, Pepper-street, Nottingham.

Mrs. Blackley, Arnside House, Stretford-road, Manchester.

Mrs. Cameron, 43, Hertford-street, May Fair, W.

Mrs. Alan Chambre, Camera Lodge, South Norwood. S.E.

Mrs. Carfrae, Laurel Villa, Victoria-road, Surbiton, S.W.

Mrs. Caparn, Highfield House, St. Nicholas-road, Upper
Tooting, S.

Miss Cramporn, ditto ditto.

Mrs. Craig, Valley Bridge End, Scarborough.

Mrs. Hale, 58, Harley-street, Cavendish-square, W.

Mrs. Humphries, Park Villa, College Park, Lewisham, S.E.

Mrs. Ker, Hadley House, Cheltenham.

Mrs. Leadam, 1, York-place, Baker-street, Portman-square, W.

Mrs. Vaughan Morgan, Linden House, Chiswick, W.

Mrs. Markwick, 1, Leinster-square, W.

Mrs. Mackechnie, 16, Princes-street, Cavendish-square, W.

Mrs. Neville Wood, 10, Onslow-square, Brompton, S.W.

Mrs. Newman, 17, Queen-square, Bath.

Mrs. Pite, 38, Bloomsbury-square, W.C.

Mrs. Pope, Moselle Villa, Lee-road, Lee, S.E.

Mrs. Rosher, 11, Bedford-square, W.C.

Mrs. De Selincourt, Alverstoke, Streatham, S.W.

Mrs. Wheeler, 1, Portland-place, Clapton, E.

Mrs. Yeldham, 10, Taviton-street, Gordon-square, N.W.

Contributions may also be forwarded to the Clerk, Mr. WARREN,
at the Hospital.

THE HOMŒOPATHIC PHARMACEUTICAL ASSOCIATION OF GREAT BRITAIN.

THIS Society has now attained a degree of importance to all those interested in the progress of homœopathy, which its founders themselves perhaps little anticipated for it. Established in the beginning mainly with the view of protecting homœopathic chemists from the disabilities which it was apprehended the operation of certain clauses in the "Pharmacy Act, 1868" might inflict upon them, it has developed into a valuable means of promoting the improvement of homœopathic pharmacy, by affording members of the trade frequent opportunities for meeting to interchange their views, and discuss any questions of practical or theoretical interest which may arise from time to time; while, by admitting homœopathic chemists' assistants to the use of a daily increasing library and stock of philosophical apparatus, and offering prizes to such as distinguish themselves in their various branches of pharmaceutical knowledge, it gives us reason to hope that the succeeding generation of homœopathic chemists will in no respect fall behind the very best of their predecessors. Even now valuable practical results have been achieved. By means of the meetings and discussions of this

Association, many great irregularities in dispensing, &c. have been detected, and some actual impositions have been exposed, *e.g.*, some unprincipled persons were found who professed to dispense *lachesis* 3x! In all such cases the offenders were written to, and expelled from the Society if they continued their malpractices. Some account of the rise and progress of this Association may therefore be not unacceptable to our readers.

The "Pharmacy Act, 1868," as is well known, was passed with the laudable intention of providing for the special education of the body of chemists and druggists, and also with that of preventing the indiscriminate sale of poisons, or substances used for criminal purposes. But while nothing could be more praiseworthy than the objects contemplated by the framers of the Act, the way in which it was hurried through Parliament led to a looseness in the mode of expression, and even an obscurity in many of its details, which seemed likely to frustrate or impair its usefulness. In particular, a large number of homœopathic chemists felt that by the 17th Clause they would be greatly impeded, if not wholly obstructed, in the dispensing of such medicines as *aconite*, *arsenic*, *corrosive sublimate*, &c., as all these drugs, together with many others, are contained in Schedule A, and consequently, by the provisions of Clause 17, are not allowed to be sold to anyone unknown to the vendor, unless the buyer shall be introduced by some common acquaintance, and even in such cases, only with considerable formality. It even became a question with some, whether any drugs whatever might be sold which were not prepared in accordance with the directions of the British Pharmacopœia. Under these circumstances Dr. Madden, in the name and on behalf of several leading members of the trade, convened a meeting of the trade and others at the Hospital in Great Ormond Street, Sept. 8th, 1868, to take this important matter into consideration.

Various opinions were expressed as to the measures which it would be advisable to adopt. Some proposed to address the Legislature, either through the Home Secretary, or directly, by a petition to Parliament, praying for the insertion of certain words into the body of the Act, and especially into Clause 19, which might so define its meaning as to remove the impediments thrown in the way of homœopathic chemists, which, although they had clearly never been designed by the framers of the Act, would unquestionably be made the most of by unscrupulous allopaths, with the view of obstructing the progress of homœopathy. Such disingenuous and persecuting conduct was naturally to be anticipated from the sect which had closed its journals against all communications from homœopathic physicians, and had made itself the laughing-stock of Europe by forbidding all "allopathic" publishers to sell or publish any

works on homœopathy. Some thought that by limiting a certain amount as the maximum allowed to be sold without the precautions specified in the Act, any inconvenience therefrom arising to homœopathic chemists might be obviated. Others proposed that a special clause should be inserted, exempting such persons *pro tanto* from the operation of the Act. But at last, deferring for the present any recourse to the Legislature, it was moved by Mr. Engall and seconded by Dr. Drury, that a committee should be appointed to watch the course of proceedings under the Act, and report any case in which its administration might seem prejudicial to the interests of homœopathy. This committee met Sept. 21st, and recommended the formation of a Society having for its objects the development of pharmaceutical knowledge, and the protection of homœopathic chemists against any infringement of their rights. At a meeting held 6th Oct. in the board-room of the Homœopathic Hospital (Dr. Madden in the chair), the adoption of this recommendation was moved by Mr. Turner and seconded by Mr. Armstrong. Accordingly, the Homœopathic Pharmaceutical Society of Great Britain was formed, differing from the Homœopathic Pharmaceutical Association (which is the designation by which the same community is now styled) in the following particulars:—

1. No provision was made for the admission of the assistants of homœopathic chemists.

2. The Society had one annual and eight monthly meetings during the year.

The first officers of the Society were elected at a meeting, 24th October, at 445, Strand, where, from this time, the meetings continued to be held. Mr. Ross was elected President, and Mr. Turner, Secretary. On 1st December, forty-eight members were reported as having joined the Society, and the receipt of subscriptions to the amount of £148 1s. was acknowledged. At this meeting arrangements were also made for the admission of homœopathic chemists' assistants to attend the meetings and take part in the discussions, but not to vote, by an annual payment of 10s. 6d. The subscription has since been reduced to 5s., and assistants are entitled to half a vote as associate members.

The meetings were at first well attended, and before the end of May, 1869, several interesting and important papers had been read upon the best method of preparing tincture, (by Mr. Ross,) and on the desirableness of uniformity in the sizes and prices of pilules, globules, &c., Messrs. Ross and Gould were appointed a sub-committee to investigate the best method of tincture-making. At a Special Meeting (March 30) the prices of pilules, &c., were fixed at a uniform rate, a process which was extended to preparations for external use at a similar meeting held May 4.

At the first Annual Meeting, held 15th June, 1869, the Chairman was able to congratulate the Society upon its flourishing condition, and also to inform those present that the Medical Council had stated that they did not intend the obnoxious provisions of the Pharmacy Act, 1868, to have any reference to those who dispensed drugs in infinitesimal doses.

At a meeting 30th May, 1870, it was resolved to found a library to be kept at 445 Strand. The arrangements for this important object were completed Nov. 15th, and on 17th Jan., 1871, several donations were acknowledged, in addition to the books and microscope already purchased. On 21st March there was an important discussion concerning the deterioration of mother tinctures by time, in which several members took part. At the Annual Meeting, 20th June, Mr. POTTAGE was elected President, Mr. CHEVERTON, Secretary, and Mr. THOMPSON, Treasurer. These officers still continue to hold their respective posts. On 20th Feb., 1872, a form of diploma was determined upon, and at the same meeting three prizes were offered for the best Herbaria. Further donations to the library from Dr. Süss-HAHNEMANN and Mr. CHEVERTON were acknowledged 23d July; and on 23rd October the President was able to give a most gratifying account of the progress of the Association during the preceding year. At this meeting the present Constitution and Bye-laws were drawn up. Since that period the numbers and prosperity of the Association have steadily increased; many valuable papers have been read at the meetings; and the library, by means partly of purchases and partly of donations, has attained to very respectable dimensions.

It is needless to dwell on the value of such an Association, not only for improving the status of homœopathic chemists, but also for the further development of homœopathic pharmacy by the mutual interchange of ideas at the meetings where papers are read and discussed. By admitting homœopathic chemists' assistants as associate members, such persons have been afforded material aid in their professional studies by the use of the library's philosophical apparatus thereto belonging, which they now enjoy.

A discovery recently made by this Association shews the paramount importance of medical men obtaining their medicines solely from homœopathic chemists. It has been found that some agents for the sale of homœopathic drugs have tampered with bottles of tinctures, even when these have been secured at the top, adding either simple spirit, or a tincture of some different medicine. It is always preferable to obtain these preparations from a regular homœopathic chemist even at a distance, since they are easily sent by post.

THE "DYING FAITH."

THE paroxysm of fury against homœopathy, into which the *Lancet* and *British Medical Journal* were recently thrown by the report by Dr. STEWART, at the Clinical Society, of two or three cases of poisoning from overdoses of camphor, and the various apocryphal anecdotes which constituted the bulk of the observations educed by his paper, appears to have subsided for the present.

The only recent references to homœopathy traceable to this excitement are two; one from a Dr. John Francis McVeagh, of Dublin, and the other from Dr. Skinner, of Liverpool. The object of both is to show that medical men who practise homœopathy are not immaculate in the matter of diagnosis. Dr. McVeagh records the case of a lady staying in the South of France, who, when suddenly seized with violent hæmorrhage at the seventh month of pregnancy, was attended by two "globulists;" they failed to recognise the cause of the hæmorrhage, and an English surgeon residing in the town was summoned. He, detecting placenta prævia, took the requisite mechanical steps for stopping the flow of blood, and saved his patient; or, as Dr. McVeagh puts it, "In qualified hands the life of this lady was saved, but almost miraculously, as on his arrival she was *in extremis*." He is so thoroughly convinced of the important bearing of an error in diagnosis on the part of a homœopath, in bringing about the annihilation of homœopathy, that he says, "Had this lady permitted her case to be made known to the public, with the name appended, the death-knell of homœopathy was rung for ever"! It is perhaps to be regretted that Dr. McVeagh did not append the lady's name on this occasion, and so put us all out of our misery at once. Possibly, however, doing so might not have been effectual, and then Dr. McVeagh would have been deprived of the pleasure of hugging the delusion he is even now embracing, that it would have been so. Fancy, had Dr. McVeagh only been the medium of ringing the death-knell of homœopathy, what a reputation (or notoriety, at any rate) he might have obtained! Some people who do not live in Dublin might perchance have heard of him, had he but rung our "passing bell." As it is, obscurity is still his sad, sad fate! But no! he has one chance more. He tells us that "there is but one secure path of science in our art—one orthodox code for its government." Dr. McVeagh has only to tell us all what the "secure path" is, and what is "the orthodox code of laws," and his name will be certain of being handed down to posterity as that of the most brilliant luminary in the firmament of medicine since the time of Hahnemann!

In a later number of the same journal, Dr. Skinner reports a

case in which a uterine polypus, detected by him at one period, was removed by him three years later; the patient having spent the interval under the care of three medical men practising homœopathy, who had endeavoured to cure her by medicinal means alone. Cases of polypus uteri are on record, which appear to have been cured by medicines alone. These are by some held to justify attempts at repeating the same method, whenever an opportunity offers. This we have always believed to be a great and dangerous error. If a hæmorrhage can be stayed by the removal of its cause, it ought unquestionably to be removed in the most rapid and most certain manner. Suppose it is admitted that the use of such a medicine as *platina* will on occasions be followed by the disappearance of a polypus uteri, what advantage is to be gained by waiting the length of time necessary to excite the dwindling of the morbid growth, when it can be removed at once? But on the other hand, medicinal means alone have failed often enough to render their use in such cases unjustifiable. Such a case as one of polypus uteri is as unsuitable for medicinal treatment, as a pneumonia is for that which is surgical. But here again the blunder was not one to which homœopaths are exclusively prone. Only a few days ago a patient told us how she had suffered from severe floodings for two years; how she had been under the care during all that time of a highly respectable member of the College of Physicians—who, like Dr. McVeagh, knows nothing whatever of homœopathy—and who is in large practice; how she had taken numerous bottles of “tonic,” and how she went to Edinburgh and there consulted Sir James Simpson, who without more ado removed a small polypoid growth from the cervix uteri, and how she, to use Dr. Skinner’s expression regarding his own patient, “has never looked over her shoulder since.” Are we to infer from this that the ordinary practice of medicine is a “monstrous swindle”?

The best therapeutic method can give no skill in diagnosis, but the best therapeutic method is of little avail without skilful diagnosis. The power of diagnosing accurately has no more to do with the truth or falsity of homœopathy than Dr. McVeagh has power to annihilate homœopathy by shaking his wordy shillelagh in the pages of the *British Medical Journal*, and vociferating at the same time with all the coarseness and volubility of a Donnybrook boy. Doubtless enough both Dr. McVeagh and Dr. Skinner have made blunders in their time. The only men, we have heard, who never make blunders, are those who have not the chance of making any. When surgeons of the highest eminence have included the vagus nerve within the ligature used for tying the carotid artery, and have plunged a bistoury into an aneurism, under the impression that they were opening an abscess, it is possible that others may be fallible likewise—

aye, even though they be men so absolutely expert (in their own opinion, that is) as Drs. Skinner and McVeagh !

But were the individual diagnostic blunders of allopathic practitioners as numerous as Dr. McVeagh would have us believe are the errors of homœopaths, we should be sorry to be guilty of anything so weak, so ungenerous, so absolutely absurd, as to adduce such mistakes as evidence that the therapeutic views held by such persons are either useless or dangerous.

What reflections are suggested to those outside the profession by such papers as that of Dr. George Johnson, may be gathered from the following paragraph that appeared in the last number of the *Chemist and Druggist* :—

“ When thieves fall out, we have heard, honest men come to their down. But the falling out of physicians is not likely to result quite so happily for their patients. A French wit says that the disputes of allopaths and homœopaths are like a duel with the witnesses stationed between the combatants. Whoever wins the patient is pretty certain to be killed. The medical papers have recently got up a squabble which is as discreditable to them as it is dangerous to the public. Dr. Geo. Johnson commenced it by relating at a meeting of the Clinical Society some sensational stories of ‘ poisonings by homœopathic medicines,’ especially mentioning homœopathic tincture of camphor. Homœopaths, in reply, very fairly pointed out that if a strong solution of camphor be called ‘ homœopathic ’ because it sells better with that adjective attached than without it, the principle of homœopathy is not thereby affected. A man might call a peculiar razor a ‘ homœopathic ’ one, but homœopathy, as a system of treatment, would not be responsible if somebody should commit suicide or murder with such a razor. What we complain of most of all is, that eminent physicians and medical writers should, when treating this subject, consider it *comme il faut* to assume an ignorance respecting homœopathic principles which it is hardly possible they can possess. Even supposing the system of Hahnemann to be as black as they paint it, such ignorance would be disgraceful. It would correspond exactly to the narrowness of certain theologians of both ancient and modern times, who, perfectly assured of the possession of all truth in themselves, have persistently treated every opposing or divergent school of thought as predestined to condemnation. Homœopathic investigators have done some really good service both in discovering virtues in new medicines, and in considerably modifying the brutal methods of treatment which formerly prevailed. This is quite apart from the truth or falsehood of their special system, a question which will not be settled by violent and ignorant abuse.”

CATCHING A SPIRIT!

IN a copy of the *Echo* of a recent date, Mr. William Hipp gives an account of a *séance* at which he attended, when a well-known medium—Miss Cook—was the presiding genius. Among other manifestations, the spirits undertook to sprinkle the guests with water, and a tumbler was placed upon the table for the purpose. The room was darkened, and every one waited anxiously for the convincing proof of the presence in the room of a denizen of the other world. Unfortunately—or fortunately, we should say—Mr. Hipp, being somewhat sceptical, grasped the tumbler, and in a few seconds clutched the hand that was dipped in it! He had caught a spirit! A light was procured, when lo! the spirit-hand had an arm of flesh—an arm, moreover, which formed a very material part of Miss Cook's body! Mr. Hipp adds, that the censure and ignominy he had brought upon himself were only counterbalanced by the satisfaction he felt in having at last caught a spirit!

THE MARSTON ORPHAN FUND.

DR. BRADSHAW has requested us to acknowledge the receipt of the following subscriptions in aid of the children of the late Dr. Marston, of Devizes, who, by the death of both parents, have become entirely destitute. Dr. Marston was an excellent man, a zealous and hard-working practitioner, and in every respect a most creditable representative of homœopathy. Mr. EVAN FRASER, of Hull, directed the attention of our readers to the claims of the children of our deceased colleague upon those of his brethren who are in prosperity in our December number of last year. Any further donations will be gratefully received by Dr. BRADSHAW, Pepper-street, Nottingham.

Subscriptions received :—

Dr. Bradshaw, Nottingham	£5	0	0
Dr. Smart, Tunbridge Wells.....	3	3	0
Dr. Vernon Bell, London	1	1	0
A. C. Pope, Esq., Lee	1	1	0
Dr. Hayle, Rochdale	1	0	0
Dr. Scott, Huddersfield.....	1	0	0
T. Engall, Esq., London	1	0	0
Mrs. Priaula, Guernsey (per Dr. Haughton)	1	0	0
Dr. Haughton, Guernsey	0	10	0

BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will be held at the Hospital in Great Ormond Street, on Thursday evening, the 5th inst., when a paper will be read by Mr. HARRIS, of Brixton, on Some Dis-

eases of the Genito-Urinary Organs, with cases of tubercular disease of prostate; hæmorrhage from urethra and expulsion of fibrinous cast; and warts on penis, treated by differing dilutions of *thuja* and *nitric acid*.

OBITUARY.

DR. BERNARD HIRSCHEL.

WE have heard, through the *Allgemeine Homöopathische Zeitung*, with deep regret, of the death of Dr. BERNARD HIRSCHEL, which took place at his residence at Dresden, on the 14th ult., from strangulated hernia.

Dr. Hirschel has, during the five and thirty years that he has practised homœopathically, earned for himself the distinction of being one of the most scientific and thoroughly practical physicians among the homœopathists of Germany. He has been a large and useful contributor to our literature both by independent works and through the pages of the *Neue Zeitschrift für Homöopathische Klinik*, which, during many years, was edited by him with much care and great ability.

He was the author of a *History of the Brunonian System*, that appeared some five and twenty years ago. In 1851 he published *A Guide to the Right Understanding and Personal Investigation of Homœopathy*, which has passed through several editions. A portion of this work was translated by Dr. HAYLE, of Rochdale, under the title of *Rules and Examples for the Study of Pharmacodynamics*. In it is presented a plan for studying the Materia Medica, which, while it involves a great deal of tedious labour, enables us to get a better idea of the *modus operandi* of a medicine than any other with which we are acquainted, except perhaps that proposed by Dr. Dunham. Having had an opportunity of practically testing both methods, we are disposed to prefer Dr. Hirschel's in the case of medicines where we have not access to the original provings, but only to the symptoms arranged in the Hahnemannian schema; while Dr. Dunham's is better adapted to those medicines the action of which we can study in well-recorded experiments. Dr. Hayle's translation of Hirschel's valuable work is, we fear, but too little known, and we would strongly advise those of our body who have the requisite time to study each of the best medicines in the chronic diseases in accordance with the plan laid down therein. He subsequently published *The Homœopathic Medical Treasury*, of which the seventh edition appeared last year. His last work was *A History of Medicine*. This, from the excellent description which it gave of the Vienna School of Medicine, bringing the record of it up to the most recent times, met with much approbation.

As a physician he was much respected. His circle of patients

was a large one, including, besides many of his fellow-citizens, a large proportion of the English and American residents in Dresden—no small tribute, we may remark, to the reputation his contributions to homœopathic literature had procured for him both here and in America.

The chief characteristic of Hirschel, one which distinguishes the works we have named, as well as those which appeared in his journal, was the determination with which he sought the development of homœopathy from a scientific point of view.

The *Neue Zeitschrift für Homöopathische Klinik* was established in 1852, and was continued, under his management, until a year or two ago, when, unable in consequence of declining health and the extent of his private engagements to superintend it any longer, and being unable to find a suitable successor, it was discontinued. In the conduct of this excellent periodical, he was assisted by Trinks, Elb, Arnold, and many others, whose names are inseparably connected with the exact and scientific development of our system.

In Dr. Bernard Hirschel our German colleagues, and indeed the whole body of homœopathic physicians, have to deplore the loss of one of the ablest and most skilful of their number.

DRS. DESTERNE AND MILCENT, OF PARIS.

THE hand of death has of late lain heavily on the ranks of our Continental colleagues. Within the last few months we have had to lament the loss of Drs. P. Morello of Palermo, Osterrader of Augsburg, Garth of Monheim, Missner of Eilenburg and others, and still more recently the melancholy list has been augmented by the names of the two distinguished physicians of whose lives and labours we propose to give a brief account.

ANTOINE-HIPPOLYTE DESTERNE belonged to a family of good position, but reduced in fortune. He was born at Moulin, 21st May, 1822, and in 1843 commenced his medical studies at Paris, where he early distinguished himself among his fellow students. He competed successfully for the office of resident physician, a post which he held at the Salpêtrière, the Hotel Dieu, and Hôpital du Midi. In this capacity he attracted the attention and ultimately the warm personal regard of the celebrated Dr. Roux, who was never known to extend his favours to the undeserving; and even at this early period he was distinguished for the value of his clinical teaching, and the felicity with which he devised original therapeutic appliances. In 1849, the year when he obtained his doctor's diploma, he introduced the practice of "catheterism of the tympanum," thereby gaining the applause of all the cotemporary medical journals. His enlightened curiosity then led him to examine the doctrines of Hahnemann—a task which his conscientiousness forbade him

to discharge in the perfunctory manner of those who either approach it with a foregone conclusion, or, like Sir James Simpson, skim over a few allopathic travesties of the writings of homœopaths, solely with the view of extracting therefrom matter of groundless vituperation against those from whose opinions they imagine themselves to dissent. Disregarding the dictates of selfishness, or even of prudential temporizing, Desterne chivalrously declared himself a disciple of the reformed school, adherence to which involved the renouncing all hopes of professional patronage, and, in some instances, the loss of the personal friendship of those very teachers, of whom he had been so distinguished a pupil. From the first he was a dauntless champion of his new opinions, and if, at times, the force of his convictions urged him to somewhat excessive asperity in his polemical writings, this will be readily pardoned him by those who know how hard it is to bear with equanimity the aversion of friends, the neglect of patrons, the frown of the wise, and the derision of fools, in support of disinterested and matured conclusions.

Dr. Desterne was one of those who adopted the principles of Hahnemann in their entirety, and he earnestly devoted himself to the completion of the *Materia Medica*, which the great master's death had left unfinished. He took an active part in establishing the Hahnemann Hospital, to the prosperity of which he devoted the remainder of his too brief life.

During the siege of Paris, the Hahnemann Hospital bore its part under Government sanction in the care of the sick and wounded; and Dr. Desterne, though by that time himself an invalid, was never hindered even by the snow and rain of an unprecedently severe winter from presenting himself daily at the bedsides of the soldiers under his care. The death of his brother about this time was a further shock to his already enfeebled system, and he was compelled to retire temporarily from his very extensive practice. A premature return to his arduous duties brought on an attack of apoplexy from the effects of which he died within a few days.

Dr. Desterne was a man of extensive scientific acquirements, and passionately devoted to the fine arts, being himself no mean artist, as a sacred picture he has left behind him, which has been much commended by competent judges, sufficiently testifies. We are glad to learn that his countrymen intend to shortly publish a large number of valuable papers on medical subjects which he left unprinted at the time of his lamented death.

Dr. ALPHONSE MILICENT adopted the doctrines of Hahnemann after earnest study in the year 1849. He was one of those who were attracted thereto by the success and teaching of Tessier.

After a brilliant career at school and college, he obtained a resident physicianship in 1843, when he enjoyed the privilege of the instructions of Récamier, Cruveilhier, and Sandras. He honourably signalized the termination of his course by presenting to the faculty of Paris in 1846 his inaugural thesis on "scrofula," which M. Flourens esteemed so highly as to direct its presentation to the Institute with special commendation. It is a work which has since deservedly taken its position as a standard and often quoted authority. He followed this up in 1847 with another thesis on the "so-called typhoid state," in which he expressed in a lucid and masterly manner the vague, obscure, and even contradictory use of the term "typhoid," as used to qualify a variety of morbid conditions; illustrating his remarks by the similar complaints, which Sydenham had made of the like confused employment of the term scorbutic or scrofulous. As, however, Dr. Milicent had openly declared his adoption of homœopathy, neither this nor a thesis of equal merit in 1853 brought him any official or substantial marks of commendation. "You deserved seventeen or eighteen marks," said one of the ingenuous judges of the Faculty, in reference to a competition in which the maximum was 20, "*but as you practise homœopathy I have adjudged you at zero.*" Such had been the distinguished position which Dr. Milicent previously held in his profession that all who knew him unanimously prophesied a professorship as his certain and well-earned reward; but he cut himself off from every hope of this, and, like Henderson, bade adieu to hospital appointments, scientific fame, lucrative position, and professional appreciation, rather than abjure or even conceal the great truths which it had been granted him to learn, and which he rightly considered it would be treason to mankind not to promulgate.

In 1849 he published an excellent treatise on some of the auscultatory signs, containing many original observations; throughout the whole of his professional life he devoted special attention to diseases of the chest.

He originated and edited "*L'Art Medical*" in which he wrote numerous articles on medical and controversial subjects distinguished alike by luminous reasoning, vigour of expression and elegance of style. His rhetorical powers, indeed, were very great, and had early brought him much distinction.

He was honorary physician to, and president of the Hôpital Saint Jacques; and a member of the Homœopathic Medical Societies of Paris.

After thirty years of laborious and extensive practice he has now been taken from us, leaving a blank in the profession not easily filled up; and his numerous patients will long mourn the loss of his accurate judgment, long and profound experience, skilful discrimination, and untiring and devoted zeal.

MR. E. GOULD.

MANY of our readers will sympathise with us in the regret we have felt on hearing of the death of Mr. GOULD—the head of the well known firm of Homœopathic Chemists in Moorgate Street. Mr. Gould's connection with homœopathy began with the opening of the London Homœopathic Hospital in Golden Square, in 1849, when he was selected to fill the post of dispenser. In this position he remained for six or seven years, and then commenced business in Pentonville as a homœopathic chemist. He afterwards opened a shop in Coleman-street, in the City; and this proving a success, he removed to Moorgate-street, where he has been at the head of an honourable and carefully conducted, and proportionately successful business for many years.

The immediate cause of Mr. Gould's death was, it is believed, malignant disease of the bladder, that gave rise at times to great suffering, which he bore with much patience and resignation.

Mr. Gould was a kind hearted, cheerful, and thoroughly honourable man, and one ever ready to take an active and useful part in the work of diffusing a knowledge of homœopathy.

CORRESPONDENCE.

HOMŒOPATHIC PHARMACOPŒIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Dr. Richard Hughes' letter in the last number of the *Review* contains a suggestion that would, I think, cause no small amount of dismay among the members of the profession had it emanated from the Pharmacopœia Committee. It amounts in fact to this, that we should abolish mother tinctures—starting with the crude substance as ϕ , so that what is now our mother tincture would in many cases become 1x.

Were we starting fresh—had no tincture process or attenuations been in existence, there would be no difficulty, but with matters as they stand at present such a change would be a revolution; and, if accomplished, would be attended with the greatest risk, as anyone ignorant of what had been done, asking for *aconite* 1x would receive our present mother tincture, the using which instead of what was really intended might lead to a fatal result. Then how should we stand as regards allopathic pharmacy? Their strongest tincture would be somewhat near our 1x, a difference in strength that would be very objectionable, as in this way mistakes might readily be made, as the public are not always likely to discriminate between the two.

Had it been possible to have started with a mother tincture

in the case of every drug, the word "mother" and the "φ" might have been dispensed with, but this cannot be. The change Dr. Hughes suggests was, I believe, carefully considered by Dr. Madden but given up in consequence of the strong opposition to it; and if so objectionable then, what must it be now when the Pharmacopœia has been so generally recognised? It is, I believe, true that such a change was privately adopted at Brighton, but I question if it has been adopted anywhere else; and certainly it is an error to say that any such practice was the rule prior to 1870. Nor did Hahnemann, so far as I am aware, approach nearer to it than recommending one part of juice to 99 of spirit of wine to make his Number 1, a very different preparation to that containing one part of *the dry, crude, vegetable matter* in 100 parts of liquid, it being about one in 750.

Yours faithfully,

7, Harley-st., Cavendish-square, W.
Jan. 22nd, 1874.

WILLIAM V. DRURY.

THE NEW EDITION OF THE PHARMACOPŒIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—As active preparations are in progress for a new edition of our Pharmacopœia, will you permit me through your Journal to make a suggestion to the Pharmacopœia Committee in reference to the dilutions? I can scarcely do this better than by quoting the words I made use of in some observations on the Dose in the December number of your *Review* in 1871. They are as follows: "In prescribing these larger doses (alluding to mother tinctures) I find it very convenient to order the first fifth and the half, that is, one drop of the matrix to five of spirit in the one case, and equal parts of spirit and the matrix in the other. It is easier for the patient to drop several drops than one or two; moreover, a drop or so, more or less, of a dilution does not make so great a difference in the dose absolute as would the same quantity of the matrix. The plan has the disadvantage of not being recognised in our Pharmacopœia, and, consequently, of the preparations not being kept by homœopathic chemists generally. The latter difficulty is, of course, easily to be remedied; and as to the former, if, as I have no doubt will be the case, the mother tinctures come into general use, some such modifications in our pharmacy will be necessary. I commend the subject to the notice of those who may have the control of any future editions of our Pharmacopœia." I believe this extract expresses a need felt by others as well as myself. I have nothing to say about the first decimal and the dilutions above it, they are well chosen; but the leap from the mother tincture to the first decimal, in prescribing palpable doses, is often inconveniently wide. We want some intermediate resting points; and those I

have indicated I have found from constant use to answer the purpose admirably. Then why not adopt them, or something analogous to them, in the Pharmacopœia? I can see no possible objection, unless perhaps it be a dislike to any change, or to disturb the pretty uniformity at present existing in the designation of the dilutions. But, neither the dread of change nor the love of uniformity should be allowed to prevail where practical utility is in question.

I am, Gentlemen, yours obediently,
S. YELDHAM.

Moorgate-street, Jan. 16th, 1874.

[Would not Dr. Yeldham's wishes be met by using a simple prescription formula, *e.g.*,

R. Tinct. *Bellad.* ϕ \mathfrak{m} xij.
Spiritus Vinii \mathfrak{m} xlviij.

Direct — drops to be taken — hours.

This would prevent the necessity of encumbering the Pharmacopœia with too many dilutions.—Eds., M. H. R.]

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Communications have been received from Drs. BAYES, DRURY, MORRISSON, BLACKLEY and BERRIDGE, and Mr. TRUEMAN (London); Dr. BRADSHAW (Nottingham); Dr. W. B. A. SCOTT (Tunbridge Wells); Dr. D. D. BROWN (Aberdeen); Dr. SHARP (Rugby); &c.

BOOKS AND PERIODICALS RECEIVED.

A Repertory or Systematic Arrangement and Analysis of the Homœopathic Materia Medica. Part VI., containing Stools and Rectum, by Dr. HERBERT NANKIVELL. London: Turner & Co. 1874.
The Homœopathic World, January 1874. London: Jarrold & Son.
The Chemist and Druggist, January. London.
The Medical Union, December 1873. Hurlburt, New York.
The New England Medical Gazette, Dec. 1873 and Jan. 1874. Boston.
The Am. Jour. of Hom. Mat. Med., December 1873. Philadelphia.
The Hahnemannian Monthly, January 1874. Philadelphia.
The Medical Investigator, December 1873. Chicago.
The American Observer, January 1874. Detroit.
Allgemeine Hom. Zeitung, January 1874. Leipsic.
Internationale Hom. Presse, Bd. IV. Hft. 1. Leipsic.
Bulletin de la Soc. Méd. Hom. de France, November 1873. Paris.
L'Hahnemannisme, June (? Dec.) 1873. Paris.
Bibliothèque Homœopathique, December. Paris.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E., or to Dr. H. NANKIVELL, Penmellyn, Bournemouth. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

POTENCY—DILUTION—DOSE.

THERE is nothing in medicine or science that we have more to regret, there is nothing, with the exception of prejudice, that has done more to withstand scientific progress than a misleading and theoretical nomenclature. At this very moment there are scores of allopaths who are using remedies in accordance with the law of similars, and in sufficiently small doses, who quiet their consciences by sneering at Hahnemann's teaching, and dubbing it "globulism" or "infinitesimalism." A moment's thought would tell them that whatever homœopathy may be it is not globulism, which as a term is applicable with equal justice to the patronage of those dainty pilules which French pharmacists now show their skill in compounding: and it most certainly is not "infinitesimalism," a word which refers to doses or divisions of drugs too small for either calculation or imagination. No dose however small can be infinitesimally so: habit and discipline, and these alone can make the mind of man appreciate at its true value that which is very much larger or very much smaller than his previous conceptions. What is of the utmost importance to the microscopist may be esteemed only as infinitesimal to the astronomer, and therefore it would have been far better had Hahnemann employed more consideration before he sanctioned the use of the word "infinitesimal" as applied to the doses which he

recommended, for an infinitesimal dose is strictly that which produces only infinitesimal results.

In a similar manner the word potency or dynamization has been made use of amongst us to prop up a theory constructed to explain certain facts. The facts were these: certain drugs were found to act on certain diseased states with a vigour quite out of proportion to what was supposed to belong to the quantitative dose in which they were given. To explain this fact, recourse was had to a second fact, viz., that diseased tissues were in a state of increased sensibility to medicines which acted on them in a similar manner. And this was true enough, but it did not appear to be for certain reasons sufficient of itself to explain the previous fact, and therefore it was suggested that the method of preparing of our medicines developed or intensified the drug power already present in the medicine. Here the mind of man was launched on a question which Dr. Anstie, or Dr. Ross, might truly deem metaphysical, for its development was no longer dependent on scientific facts, but on the imagination, the education and the circumstances of the theoriser. It was considered that each successive dilution made up by its developed *potency* for the decreasing quantity of the absolute drug, and this theory was so logically carried out that the drug power was believed to be assimilated by or transferred to the vehicle of dilution. Hahnemann himself, in his later years, was thus landed in the practical absurdity of the olfaction of a globule of the thirtieth dilution as a sufficient dose; and the extreme school of American homœopaths, who pride themselves on developing all the most unfounded theories of the Master, disport themselves at pleasure in m. and c. m. dilutions.

But dropping all these extravagances, and the theories with which they have been bolstered up, aye, and the terms 'potency' and 'dynamization' which have been made use of in their discussion, let us ask what do we obtain by our peculiar method of preparing medicines?

Our first point is to start well with a pure preparation of the drug : if it be an element or a salt, to have it in as pure a state as possible ; if a tincture, to have a tincture such as will represent in their true proportions the qualities of the plant itself.

Our second point is to increase the solubility of the different preparations, and to extend their superficies to such a degree either over the hard particles of sugar of milk, or over the atoms of water or spirit, that the drug in a state of extreme division may be brought in greater or less quantity into connection with the tissues of the body.

Our third point is to be enabled with sufficient facility and accuracy to prescribe a certain quantity of the drug—as a rule very much less than we could readily prescribe if the drug were in its natural condition.

These, we take it, are the desiderata of homœopathic pharmacy ; by our methods we do obtain them with ease and a very considerable amount of certainty. There is no theory in them, and there need be none. The terms potency and dynamization may be relegated at once for all practical purposes to the limbo that awaits them ; if there is any fact behind them, it will in good time be brought forward and established ; if, as we strongly suspect, there is no such fact, the sooner we hear no more of these terms the better. For the present let us be content with the words dilution or attenuation as expressing most correctly those pharmaceutic processes to which we have alluded.

The dose is so intimately bound up with the previous question, and is of so intensely practical a character, that it was necessary so far to clear the ground ; and if we for the time accept the groundlessness of the theory of dynamization, the question of dose falls within much narrower limits than it otherwise would. We need not consider the extravagant statements of some of our American confrères ; the c.m. dilution may be a curious

fact in physics and physiology, to say nothing of psychology ; but one can practice homœopathy very well without it, and it would simply be a waste of time to reason for a moment on its possible value. In fact, the advice of Dr. Black at the Oxford Congress is to us of far more practical import. Do not the limits of the 3rd dilution give us all the range of dose that we find to be desirable in ordinary cases ? We should be surprised if the experience of the last three years does not answer this question in the affirmative ; and Dr. Hayward's opinion, stated in the discussion on Dr. Black's paper, was that the therapeutic dose was very near to the pathogenetic, though of course smaller : that if the pathogenetic dose of a certain symptom be discovered, the corresponding therapeutic dose was in fact close at hand.

Dr. Sharp, at the Leamington Congress, advanced this question yet a further stage. He endeavoured to give to views respecting the double action of drugs, and the possible contrary action of small doses, the solidarity which they still wanted after the expositions of Madden, Reith, and others ; and he effected this by the institution of experiments on his own person to determine the dose-limit which separates these opposing actions, the one from the other. This dose-limit Dr. Sharp practically tells us will solve the dose question ; it will be pretty much the same in health and disease, and experiment will conclusively prove what it should be.

Leaving, however, the objections which may arise to this statement, and which the *British Journal of Homœopathy* for last October has put before us, let us turn to some remarkable experiments by Rossbach and Fröhlich which Dr. Dyce Brown has inserted in the *Extracts from Medical Literature* for the February number of the *Review* (p. 106). We here find that atropine in doses of $\cdot 00005$ to $\cdot 0001$ grain (*i.e.*, from 5 drops of the 5x dil. to 1 drop of the 4x dilution) produces contraction of the pupil by irritation of the ends of the 3rd nerve,

while in doses of the $\cdot 00015$ grain (*i.e.*, in 15 drops of the 5x, or in $1\frac{1}{2}$ drop of the 4x dil.) dilatation is induced by paralysis of the same nerve. Accepting Dr. Sharp's axiom, we should infer from these experiments that something less than a drop of the 4x dil. of atropine would be the suitable dose wherewith to treat dilatation of the pupil arising from paralysis of the third nerve; and that probably much less than this would not be sufficient for the cure. The limit of the 3rd dilution suggested by Dr. Black would apparently in such a case offer all the necessary provision for treatment, and allow sufficient room for the different susceptibilities of patients to be taken into account. The question, however, could be settled with greater satisfaction by means of the following experiments: It appears that the action of physostigmine on the iris is similar in kind to that of atropine, but of far less intensity, so that contraction of the iris is the noticeable symptom of physostigmine; nevertheless, in overpowering doses dilatation ensues, as from moderate doses of atropine. Now, the general power of atropine to antidote physostigmine has already been established, and has been noticed on page 757 of our last December number, and that power is exercised in comparatively small doses. It would add much to our precise knowledge on this point to have it decided, (1) what effect a dose of atropine varying from $\cdot 00005$ to $\cdot 0001$ of a grain has on a pupil contracted by a small dose of physostigmine, or (2) on a pupil dilated by a large dose of physostigmine; (3) what effect a dose of atropine above the $\cdot 00015$ grain would have on a pupil contracted, or (4) a pupil dilated by physostigmine. An answer to these questions would probably throw light not only on the limit of the dose in such a case, but also on the question of medicinal aggravations. In the meantime, let a fresh attempt be made, without in any way prejudicing the case, or denying the efficacy of smaller or larger doses, to limit our practice for the time from the first decimal to the third centesimal dilutions;

and let us see whether or not we can demonstrate that these limits afford us all that we need in practice. Should we be enabled to conclude that they do, the gain in every way would be enormous.

OUTLINES OF THE HISTORY OF MEDICINE.

By W. B. A. SCOTT, M.D.

Origin of Medicine.—State of Medicine among the Babylonians, Hindoos, Chinese, Persians, Egyptians, Jews; Greek Mythological Period.

THE fact that the discovery of medicine, (as well as the origin of most useful arts and sciences,) was by the ancients attributed to the gods, may be ascribed either to piety or gratitude, according as we esteem it to have been a devout acknowledgment that every good gift descends from heaven, or suppose that primitive admiration for men of original genius, and grateful recognition of the benefits received from their labours, led the nations of antiquity to enrol such benefactors among the deities by an arbitrary apotheosis, somewhat resembling certain canonizations of more recent times. But while I hope that we of this nineteenth century would blush to fall short of the ancients in the devout attribution of all wisdom to the same Great Source whence all good is derived, or in the grateful acknowledgment of the lasting services accruing to humanity from the exertions of the great intellects of the past, a wider view of the progress and development of the sciences in general seems to favour the supposition, that, alike in the discovery and in the elaboration of every department of human knowledge, it has been the characteristic glory of man to "search it out," without such preternatural assistance as is involved in the hypothesis of a direct revelation; while the gradual introduction of more rational and sober habits of thought has taught us a more becoming method of testifying our gratitude to early benefactors than that of enthroning them among the very reprehensible rulers of a Pagan Olympus. But, while disclaiming for medicine any special pretensions to a celestial origin, it is beyond my power, and probably beyond the power of anyone, to give at all a precise or certain account of its source.

Two explanations of the rise of medicine have been proposed, by no means irreconcilable, and both, most likely, true in part. The first of these is that men were led to imagine that they might themselves derive benefit from pharmaceutical or other medical appliances from observing the effects on animals of the various substances which these latter use as food, and from the minute observation of their habits to which the pastoral lives of our ancestors must have been eminently favourable. Thus Melampus, to whom Apollodorus ascribes the invention of purgatives, (though Cicero credits the third Æsculapius with the discovery,) is said to have derived his hint from observing the effects upon certain goats of some hellebore which they had eaten. So, also, Pliny tells us we owe the pestilent practice of blood-letting to the example of the hippopotamus (in which case that unwieldly pachyderm richly merits the same disgraceful place in the physician's calendar which is assigned to the serpent by theologians), since, according to him, that animal, when it has gorged itself into a state of plethora, quickly restores its wonted agility (such as it is) by opening one of its own veins by means of a sharp reed, closing the opening with mud, when sufficient blood has been lost. The same writer informs us that we owe the invention of clysters to the Ibis, since that sacred bird had been frequently observed to employ its long bill as an enema-syringe for its own behoof! In a similar strain Apollodorus tells us that Polyidus, having been required to restore Glaucus to life, and observing a serpent perform a like feat on one of its dead companions, by covering its body with a certain herb, tried the same remedy on his own deceased patient with success, and so acquired a knowledge of the curative properties of plants. However, as, according to Pausanias, Polyidus was grand-nephew of Melampus, the medicinal powers of some herbs, at any rate, such as hellebore, must have been known before his time. Fabulous as most tales of this description unquestionably are, it is by no means improbable that useful hints may have been derived from watching the habits of the lower animals in a state of nature, long before the "noble savage," man, had so far degenerated as systematically to torture his fellow-creatures in physiological laboratories, with every prolonged refinement of cruelty which untiring perseverance and fiendish inhumanity could suggest, for the gratifica-

tion of his own prurient curiosity; like professor Schiff, whom the *Daily News* has recently held up to deserved execration.

The other of the proposed explanations is, that medical science may have taken its rise from men having noticed the purgative, diuretic, narcotic, diaphoretic, anodyne, and other pathogenetic effects upon themselves of different herbs, &c., taken as food—coupling this subsequently with the observed fact that the crises of many diseases are determined by purgation, diaphoresis, and the like evacuations. Le Clerc suggests that the infatuated practice of blood-letting may have been suggested by a relief of morbid cerebral symptoms having been observed sometimes to ensue upon an attack of epistaxis, and constitutional disturbance seen to arise from a suspended natural hæmorrhage, such as amenorrhœa.

To me it seems probable that the instincts of primeval man were much more highly developed, and less misleading than those of mankind in the present age of highly artificial civilization, and for many thousand years in the past. This seems an irrefragable inference from what we observe in other animals. The lower animals generally, in a state of nature, instinctively select the various kinds of food most suitable to themselves, and reject those which would be injurious, but this rule by no means holds good to anything like the same extent with the same animals kept in captivity. Moreover, not merely the advance of civilization and consequent introduction of more and more artificial modes of life, but even the development of reason itself, seems to be coincident with a correlative retrocession or impairment of instinct. Hence the instinctive powers of a child appear to be truer than those of a philosopher, were it for no other reason than that the former is more *en rapport* with nature herself, and less apt to confuse actual *sensations*, which (so far as they go) must be true, or, at least, *subjectively* real, with conclusions habitually drawn from the same, which in many, if not in most cases, are wholly false. Therefore it is that it behoves the wisest of us all, equally with the most ignorant, to become again as a little child, in order to enter the intellectual no less than the heavenly kingdom. And (without committing myself in any degree either for or against the Darwinian hypothesis, which might trace such instincts to a still remoter antiquity), I think it most pro-

bable that much of what our remote progenitors had instinctively acquired, was by them and their successors handed down to later times by confused and often erroneous tradition—the general stock of knowledge, for many ages at any rate, displaying a copious accession of theory and a corresponding diminution of fact at each successive stage of the descent. For, as men began to speculate and systematize respecting the facts thus handed down, confusion and error must inevitably have arisen; while the progress of civilization and altered habits of life must have modified the type of human health and disease: theories and analogies (too often vicious) came to be substituted for the authentic dictates of experience; and from all these causes it has come to pass, that, from the earliest times of which records have been handed down to us, we find the practice of medicine to have been in a state of the utmost uncertainty and confusion. A fact which seems to lend some sanction to the view of the origin of medicine which I have here endeavoured to delineate, is, that as Hahnemann pointed out, the very earliest physicians (of whom much that is authentic is known), such as Hippocrates himself, seem to have been greatly superior to almost any of their successors. Lord Bacon has remarked a like superiority in the most ancient natural philosophers to those of the middle ages; and it is certainly striking to notice the resemblance between the atomic theory as taught by Democritus and Epicurus, and handed down to us by Lucretius, to that held by Sir William Thomson and other distinguished physicists of the present day, whose doctrines are based not on the airy visions of mediæval dreamers, but on the solid results of carefully performed experiments and prolonged and conscientious observation.

Among the Babylonians (to whom probably the first place is due in any account of the history of medicine which pays regard to chronology), we are told by Herodotus and Strabo that it was customary to expose sick persons to the view of passers-by in the public streets, in order to ascertain whether any of the latter had been affected with a like disorder, and, if so, by what means they had been cured—an empirical mode of practice, which, however rude, was at least infinitely preferable to the absurd system in vogue elsewhere in later times of classifying all diseases under certain heads, as diseases of

debility, inflammation, &c., and treating them, in accordance with this theoretical arrangement, by means of drugs which were supposed to be antipathic to these various morbid conditions. It seems probable that from an early period the study of medicine in Assyria became associated with magic and astrology, the addiction to which on the part of the Assyrians and Chaldeans is proverbial.

Bacchus is said to have first taught medicine to the Hindoos and some other Oriental nations, perhaps from having introduced the use of wine, and as having made known the properties of ivy. The practice of medicine having been long exclusively in the hands of the learned caste, and exercised under the strict surveillance of the civil government, no less than of the hierarchy, seems to have undergone but few changes during many ages; and, until within the last few years, when the enlightened curiosity of the Hindoos has led them to investigate the results of modern European research, appears to have remained very much in the same condition in which it was left by its earliest founders. Little is known of their peculiar modes of practice, except that they pay particular attention to the countenance and pulse of each patient, and do not, as a rule, have recourse to blood-letting. Mesmerism seems to have been long familiar to the Hindoos, and to the well-known and perfectly natural influence of this mysterious agent must undoubtedly be ascribed many of the strange effects formerly attributed to credulity or imposture.

The Chinese claim a very high antiquity for their own medical knowledge, as they affirm that their emperor Xin-num instituted experiments upon the therapeutic properties of various plants nearly 3000 years before our era; and that his son and successor, Hoang-ti, compiled numerous medical books in which the results of his own and his father's researches were digested into a regular system. The antiquity of these writings has been warmly contested; it being maintained on the one hand, that minute observations on the pulse are found in them which must surely have been the productions of a later date; since in Europe, at least, no detailed study was devoted to this subject till the time of Herophilus (300 B.C.);* while,

* The date of Herophilus is of interest to classical students, because one of the celebrated letters of Phalaris (the subject of Bentley's great controversy) is addressed to that philosopher. Now, as Phalaris was

on the other hand, it has been urged that these writings contain predictions of eclipses and other astronomical observations indicative of a degree of knowledge to which for many ages past the Chinese can lay no pretensions, and which must, therefore, date from a remote period. However this may be, it seems probable that the circulation of the blood was, to some extent at least, understood among that singular and unprogressive people long before its discovery in Europe by Harvey. Unhappily the character of the Chinese for veracity does not stand so high as to justify us in attaching much weight to their own assertions in a question touching their national vanity. Hence it is very doubtful whether we ought to ascribe to them the discovery of inoculation; to which, as well as the invention of printing and the manufacture of gunpowder, they challenge a prior claim.

Among the Persians and Bactrians the invention or introduction of magic, with which medicine was for ages so intimately associated, is usually ascribed to the great religious reformer Zoroaster, whose pure and beautiful system of worship still retains many adherents, notwithstanding the corruptions and superstitions with which it has been defaced by the hand of time. This venerable man, whose name ought never to be mentioned without reverence even by those whose great happiness it has been to be instructed in the doctrines of a holier faith than he possessed, is supposed to have lived in the sixth century B.C., and is by some considered as the second of his name—the first having been a learned astronomer who flourished more than 1500 years earlier. But it may be questioned whether the rational study of medicine ever took any firm root in Persian soil, since, as is well known, Hippocrates received a pressing invitation to take up his residence in that country (an invitation which, to the credit of his patriotism, he declined), and Artaxerxes Mnemon long retained Ctesias, whom he had captured at the battle of Cynaxa, as his physician in ordinary: both of which facts seem to indicate a scarcity of skilful Persian physicians.

Hermes, Thoth, or Mercurius Trismegistus, as he is variously called, whom some identify with Canaan, is

killed B.C. 552, and Diogenes Laertius expressly tells us that Herophilus was a contemporary of Diodorus, who lived in the reign of Ptolemy Soter, *this* letter, at least, must be spurious. The "torcular Herophili" is familiar to medical students.

considered to have been the introducer of medicine (and indeed of all the various arts of civilisation) into Egypt, by such as deny this honour to Isis and Osiris. According to Cicero, there were no fewer than five persons of the name of Hermes, which accounts for the confused and contradictory nature of the feats attributed to this mythical hero. The first, he tells us, was the son of Cœlus ; the second he identifies with Trophonius, the celebrated architect of the Delphian Temple, from whose cave, tradition says, suppliants never failed to return sadder, and, it is to be hoped, wiser men. The third was the son of Jupiter and Maia ; the fourth, whose name piety or superstition forbade the Egyptians to pronounce, was the son of Nilus ; and the fifth was the great Egyptian reformer and law-giver. Diodorus Siculus asserts him to have been the secretary of Isis and Osiris. At any rate, he is said to have written forty books on theology, medicine, and geography, which formed the basis of Sanchoniathon's later compilation.

The Egyptians seem to have been the first nation to set the example of devoting a class of men exclusively to the practice of medicine, though it may be questioned whether these were not of the sacerdotal caste.* Their medical doctrines were contained in certain sacred books, and if a physician deviated from the directions therein comprised, he had to answer for his temerity with his life in the event of his patient's decease, while, so long as he scrupulously adhered to them, the patient's fate became a matter of no consequence—just as in England a few years ago, homœopathic physicians had to defend themselves against a charge of manslaughter if they failed in any instance to cure the incurable, while, so long as allopathic sectarians rigorously confined themselves to the orthodox procedures of bleeding and salivating their patients into their graves, they were

* That is to say, probably every Egyptian physician was in early times a member of the sacerdotal caste, but I see no reason to suppose that every priest was a physician, or that such as devoted themselves to the practice of medicine continued to discharge the priestly office. This more intimate blending of the priestly and medical offices seems to have prevailed in some other countries ; as, for instance, among the Druids, with whom the practice of medicine was disgraced by bloody and superstitious rites. The only drug which we know the Druids to have employed was the *misleto*, which they gave to cure sterility. We have also seen that in India physicians belonged to the Brahminical caste.

allowed quietly to pocket their fees, and go in search of other victims.

Heredotus tells us that each physician among the Egyptians had a *specialty*—as the eyes, the teeth, and so forth. The practice, referred to above as customary among the Babylonians, of exposing the sick in the public streets is said to have been in vogue among the Egyptians, but much is not known at the present time concerning the real state of medical knowledge in ancient Egypt. From the repugnance with which the embalmers were regarded it seems probable that the old and not unnatural prejudice against anatomy was in force in that country ; while from the fact of the Greek philosophers, who generally included medicine among the chief of their studies, so frequently resorting to Egypt, it seems reasonable to infer that medical science was there cultivated with more success than the obstructed mode of the national practice might have led us to anticipate. We know also that, in later times, the infamous Cleopatra was no contemptible physician.

From the Egyptians, by a natural transition, we pass to the Jews, and, as Moses was skilled in every branch of Egyptian learning, it is reasonable to suppose that he took pains to instruct the people committed to his charge in any medical knowledge he had himself acquired in the land of bondage ; more especially when we consider the minute attention paid to sanitary considerations in the ceremonial law. It has been conjectured by some that the Jewish priests were also the physicians of the chosen people—a wholly gratuitous assumption, as it seems to me, since the duties assigned to the priesthood in reference to the case of lepers and others appear to have been rather concerned with ceremonial purification than with any curative treatment. In fact, the art of medicine seems to have been held in very low esteem among the Jews,* and not one reference, so far as I can remember, is made to physicians under the whole administration of Moses and Joshua ; all cures during that period being ascribed to supernatural agency, where any reference is made to their source at all. Probably the art of medicine here, as elsewhere, became early associated with magic, sorcery, and other unlawful pursuits ; and it may have been for this

* During the earlier times, at least. It is to be remembered, however, that in the apocryphal book of Ecclesiasticus the profession of the physician is distinctly recognised as lawful, and even honourable.

reason that Asa is censured for having recourse to physicians. We are told in Scripture that Solomon was skilled in natural science, to which the Book of Wisdom adds that he knew the properties of roots—probably meaning their medicinal action. Josephus tells us that Solomon compounded many medicines, and left behind him directions how to prepare them. Some of these seem to have been of the nature of amulets ; since, by means of attaching a ring containing one of them to his patient's nose, a Jew named Eleazar is said to have exorcised the unclean spirit from a demoniac in the presence of Vespasian. Traces of Egyptian influence are perhaps recognisable in the form of the brazen serpent, fashioned by Moses for the healing of such as should gaze thereon in faith, as the figure of a serpent coiled on a staff was early used by the Egyptians as a hieroglyphic emblem of the medical art.* Perhaps the earliest mention of the use of narcotics is in Gen. xxx. 15, where we read that Rachel begged of Leah the mandrakes (mandragora) gathered by Reuben. In other parts of the Old Testament we read of plasters, salves, ointments, and such external applications ; but I do not remember a single reference to the internal exhibition of drugs, while there is certainly none to the practice of blood-letting. We read of music having been employed to exorcise the melancholy of the magnificent but wretched Saul, a resource which has been found equally efficacious in similar instances in later times. Thus, Sir Henry Hallford tells us of a gentleman who, having lost his reason through grief, was restored to his senses by means of music. The fable of Orpheus and Eurydice, too, may have been designed to typify the power of harmonious sounds in arresting disease.

Coming now to the account of medicine during the Greek mythological period, it is exceedingly difficult, if not impossible, to enumerate its votaries in anything approaching to chronological order. It may be divided into three parts—that anterior to the Trojan war, that embraced by the Trojan war and immediately succeeding

* Many explanations of this emblem have been proposed ; as, for instance, that the serpent typified wisdom and the staff the aid medicine affords to man. Most likely (in my opinion) the staff was merely the caduceus of Mercury, and the serpent was added because the earlier physicians devoted special attention to the discovery of cures for snake-bites.

it, and the portion thence to near the time of Hippocrates. It appears certain, from etymological and other considerations, that the celebrated *Æsculapius*, to whom the original invention of medicine in general, and of the probe and the art of bandaging in particular, are attributed, was a Phœnician who settled in Egypt; and that the Greek *Æsculapius* was not born till many centuries later, and borrowed the name as well as the discoveries of his predecessor.* In any case it would be incorrect to speak of the Greek *Æsculapius* as the discoverer of medicine, since even Galen only claims for him the honour of having been the first to systematize it—a very questionable title to distinction. He was certainly preceded by Melampus, and was the pupil of Chiron, among whose students we also find Hercules, Aristaeus, Theseus, Telamon, Teucer, Peleus, and Achilles. His Thessalian fellow-countrymen maintain that Chiron was the first to write upon medical subjects, and his claims to priority would certainly have been avowedly preferable to those of *Æsculapius* were not the accounts we have received of him so manifestly fabulous in most respects. From the centaur Chiron the herb centaury is said to derive its name, just as Hercules is stated to have given his own name to the herb known as heraclia. Orpheus, the contemporary of *Æsculapius* and his companion in the Argonautic expedition, was the disciple of Linus (who seems rather to have been a botanist than a physician), and the preceptor of Musæus, about whom little is known, as the works bearing his name were regarded as supposititious even by Pausanias. Eribotes, another Argonaut, may be mentioned in this list of physicians of the earlier mythological period. After the death of *Æsculapius* temples were raised to his memory in various places, in which votive tablets and inscriptions were placed by patients who had recovered from any disease, stating their ailments and the treatment adopted. From the study of these inscriptions Hippocrates derived much of his knowledge of physic. The Asclepiades or descendants of *Æsculapius* founded schools at Cos and Cnidus mentioned by Galen, and one at Rhodes which seems to have been but shortlived.

* Cicero speaks of three persons of the name of *Æsculapius*—1. a son of Apollo, who invented the sound and introduced bandaging, and who was worshipped by the Arcadians; 2. one who was killed by lightning; 3. the first to use purgatives and draw teeth.

Machaon and Podalirius, sons of Æsculapius, followed their father's profession, and accompanied the Greeks to the Trojan war; but as they went thither at the head of thirty ships, and as Agamemnon declared the life of the former worth more than the lives of an indefinite number of his other followers, a very different value seems in those days to have been set upon the services of a military or naval surgeon than that manifested in certain more recent War Office proclamations. These heroes seem to have been surgeons rather than physicians, as their art is described to be that of "cutting out arrows from wounds and applying soothing herbs," elsewhere called bitter or astringent herbs.* It is said of Podalirius that, being shipwrecked on the coasts of Caria, he recovered the daughter of King Damœtas from a swoon, consequent on a fall, by means of bleeding her in both arms; but this successful case of phlebotomy (said by Stephanus of Byzantium to be the first instance of the practice) need be no stumbling-block to us, when we remember that Hughes Bennett himself admits that as a mere *mechanical* means of relief to a heart palsied by venous engorgement (no unfrequent accompaniment of swooning), blood-letting may sometimes prove useful; and that it is its use in the treatment of inflammations or other specific diseases which is now so justly condemned. It is hardly necessary to remark that in no case does a physician during this period appear to have been solely devoted to his art.

In reference to these first two sections of the mythological period which we have just been considering, it is interesting to notice that we have an instance of homœopathy in the practice of Melampus, who administered *iron* to cure sterility. It is well known that Dioscorides expressly states that it produces sterility. A dawning of the homœopathic law may perhaps have suggested the story of Telephus, whose wound, inflicted by the spear of Achilles, was found curable only by the rust of the weapon which caused the injury. The list of "female medical students," too, is such, in number at least, as may well cause Miss Jex Blake's heart to leap for joy. The list is, it is true, swelled by the mythical names of Juno, Minerva,

* But the Greeks at this period were by no means ignorant of the use of internal drugs: thus Helen is represented as administering nepenthe, and Ulysses fortified himself with "moly" against the bewitching cups of Circe.

Cybele, Latona, and Meditrina; but it also contains the less dubious Polydamna and Agamedea; and if it is disgraced by the names of the wanton Helen, the treacherous Circe, and the revengeful Medea, it is adorned with that of the tender-hearted and remorseful Oenone, whose healing aid was sought by her perjured lover all too late to save his worthless life.

In the third or semi-mythological portion of the period under consideration the Italian school was founded by Pythagoras at Crotona, about the 6th century B.C., but of his immediate disciples Empedocles alone appears to have engaged in practice. Pythagoras was what is now called a teetotaller and a vegetarian; he ascribed the causes of disease to spiritual agencies, and seems to have relied for their cure on exorcisms and enchantments. He had learned from the Chaldeans the notion of climacteric periods, which he believed to come round every seventh year, in which (according to him) we are especially exposed to mischance, alike in regard to health, life, and fortune. He defined health as consisting in "harmony," and seems to have been the first who located the passions in the heart and the intellect in the brain. Among his most eminent disciples were Zamolxis, who deserves praise for having been the first to deprecate mere local treatment; Empedocles,* who taught that the sense of hearing depends on atmospheric vibrations; Pausanias†; Alcmaeon, said by some to have been the first who dissected animals, and who taught that health and disease depend on the equal or unequal proportions of heat, cold, dryness and moisture in the system; Epicharmus, often quoted by Pliny on *Materia Medica*; Eudoxus and Timaeus.

Other physicians, not of the Pythagorean school, were Heraclitus and Democritus, the weeping and laughing philosophers; Diagoras of Melos, who is said to have denied the existence of the Deity because a person who had injured him escaped the immediate vengeance of heaven; Acron, of Agrigentum, called by Pliny the founder of the Empiric school; Herodicus, the father of the "Kinesi-

* "He who to be deemed
A god, leaped fondly into Etna flames,
Empedocles."

PARADISE LOST, III., 469-471.

† Not to be confounded with the geographer of the same name who lived many centuries later.

paths," together with his contemporary and coadjutor Iccus, who laid down rules for "training" not unlike those now in fashion; Aegimus, or Aegimius, said to have been the first who wrote on the pulse; Euryphon, who employed cauteries in empyema; Apollonides and Antigens.

(*To be continued.*)

SURGICAL CASES, WITH OBSERVATIONS.

By W. DANFORTH, M.D.,*

Surgeon to and Professor of Clinical Surgery at the Hahnemann Hospital, Chicago.

Abscess of the Scalp.

CASES of this kind, although not ordinarily dangerous, may become so by bad treatment. This man, aged 34, fell against his barn door, while attempting to alight from his carriage, ten days ago, and injured his head on the left side. Inflammation of the scalp followed. His physician first poulticed it, for the avowed purpose of drawing the fever out. The poultice was continued four days, when, the swelling not abating, the doctor made vigorous efforts to disperse it by applying cold water, muriate of ammonia, &c. The swelling diffused itself all over the side of the head as you see, which encouraged the doctor to believe that it was going away; when suddenly the patient became delirious. I was sent for, and found this large abscess, which I punctured in the most dependent portion, evacuating four ounces of pus. I bring this case before you to illustrate the consequences of wrong treatment, and to warn you *not* to go and do likewise. Inflammation constitutes two-thirds of surgical pathology. You know it from signs (heat, redness, pain, and swelling), its terminations (resolution, suppuration, and mortification), and its general treatment. And yet, before you can know how to treat it successfully you must consider well the anatomical relations of the tissues it affects. Inflammation of the scalp runs its course rapidly, the loose lamella-like nature of the tissues, which separate the skin of the cranium from the aponeurosis, admits of the rapid spread of the congestion and consequent inflammation, so that if resolution does not take place before the

* *United States Medical and Surgical Journal*, October, 1873.

fourth day suppuration is sure to follow immediately thereafter. Whereas inflammation attacking the zygomatic portion of the cheek presents you with a localized phlegmon, which resists suppuration for eight or ten days. In the latter case you can combat the inflammation a week longer than in the former, and with a prospect of success. These differences are due solely to anatomical facts which every practitioner should know and ponder well. In the cheek and lips we find the muscles, cellular tissue and vessels so delicate and interwoven as to constitute a true homogenous felt-like web, strangulating and circumscribing the inflammation, and compelling the abscess to take on the character of a boil.

Thus in the cellular tissue, with its lamella-like, coarse meshes, inflammation becomes diffuse, producing widespread mischief, while in other localities about the lips, the palmar fascia, fingers, and the glandular structure generally, circumscribed inflammation obtains.

You cannot over-study the two conditions we are now discussing, or over-estimate the difference in their treatment.

This patient was brought into deadly peril by his physician not comprehending these data.

The inference is simple and plain. You should not attempt to disperse inflammation affecting the scalp, or the cellular tissue after the fourth day, for you may be sure that pus has formed, demanding a free opening, and perhaps at many points. We shall inject this abscess with carbolic acid and water (1 part to 100) once a day until it closes, and give our patient a good full diet.

Ancient Dislocation of the Shoulder into the Axilla.

Caspar B., thirty-seven years old, German, weighs 160 pounds, of muscular habit, sustained a sub-glenoid dislocation of the humerus, from a fall of about twelve feet, from a pile of lumber, six weeks ago. His physician treated him for a sprain, carefully bandaging his arm, and applying liniments, &c. After waiting a sufficient time for him to recover from his sprain, the bandages were removed, only to find that there was a dislocation, as just stated. Several ineffectual efforts at reduction were made, and finally the man was assured that his condition could not be improved. "It must be so." He comes here, thinking to make one more attempt.

You remember the ever-present, unequivocal conditions attendant upon these dislocations, viz.: an inability to place the hand upon the opposite shoulder, and at the same time to bring the elbow close to the side. This test is conclusive. You see his elbow is salient forwards. The only question now remaining is, how to reduce the dislocation. Cases of a similar kind are reported, in which it has been found impossible to effect a reduction. Only yesterday a man lost his life from rupture of the axillary artery—in one of our city hospitals—in an attempt at reduction in just such a case as this.

You see that there is apparent ankylosis here—the scapula moves synchronously with the arm.

We shall first etherize our patient, and attempt to wind up the humerus on the coraco-humeral ligament, as advised when lecturing on this subject—and here we encounter difficulties that we cannot overcome. There has been so much inflammation and deposit about the head of the humerus as to render it impossible to move it by the application of any force within the bounds of safety. I say “within the bounds of safety,” because every surgeon must consider for himself, just how much force he dare use. Now we shall put both arms upon the stretch, three “good men and true” pulling upon each, while with my knee in the axilla I tilt up the humerus, crowding down upon the scapula—and here we fail again, after a protracted trial of ten minutes. And now I elevate the arm above his head, placing my bootless foot upon the scapula, and pull to the extent of my power, all, however, to no purpose. Now we wind up again, without avail. And now, again, we extend both arms as before, my assistants pulling until their eyes start from their sockets, when, after pouring chloroform freely over the shoulder to relax the muscles, by a powerful effort I succeed in lifting the head of the humerus into the glenoid fossa, and the deed is done. We place his hand upon the opposite shoulder, and you see his elbow touches his side easily, which is conclusive evidence that we have reduced the dislocation. We flex and bandage his arm to his side, for a few days, when he will slowly recover the use of it.

Carbuncle.

Luther B., a moulder by profession, aged forty-seven, comes before you with a carbuncle on the nape of his

neck. It first troubled him three weeks ago. He has poulticed it all the time, hoping it would break, and yet you see it shows no good sign of it. You observe that the skin is livid all about it—it feels hard and unyielding. A carbuncle is always a more serious affection than a boil. It is most generally seen in persons who are over forty, and of feeble, cachectic habit. It is frequently met with in gouty and diabetic patients; and yet it may, though rarely, affect young persons of good general health.

Carbuncle sometimes proves fatal (especially when it occurs in this locality) by effusion into the spinal cord, inducing fatal paralysis—or by pyæmia or exhaustion. Its progress is *always* slow, and often very painful.

The question of treatment is in every case one of *very great* importance, chiefly because remedial measures must vary with the condition of the patient, and of the carbuncle at our first visit. Steady pressure, if it can be made continuous, is recommended in the early stage of the disease. The growth of the carbuncle may be arrested, and its discussion caused by this treatment.

If, however (as in this instance), the case has progressed too far, then the treatment by pressure is of no avail. We cannot in this case hope to disperse the swelling, but must promote its suppuration and discharge. To accomplish this the old, time-honoured crucial incision is recommended by all writers on the subject; but I am satisfied that we can do better for our patient than to follow this advice. If the case really demands (in our judgment) cutting at all, I should advise making a radiated incision, so that it will present the appearance of a *cart-wheel*, making six or eight spokes, the points of which should be separated from the subjacent tissues to the distance of half or three-quarters of an inch. Furthermore, your incision should be deep enough to reach to the bottom of the tumour, and pass outward a little beyond its circumference, so as to trench upon the sound tissues. In this way only can you be sure of limiting the inflammation; and, if we believe the case is likely to prove fatal, an extensive dissection like this is warranted. The old crucial incision does not give room for sloughing, the tumour continues to swell until it may result fatally. The danger attending the cart-wheel incision is in the direction of hæmorrhage; but this may be averted by the timely use of the per-sulphate of iron, compresses, &c.

There is still another way of treating carbuncle, which commends itself strongly to our favour. I allude to the introduction of caustic potash into the centre of the swelling. The case before us is, I think, well calculated to be benefited by this treatment. You know that this swelling has been poulticed three weeks, and yet shows no sign of suppuration. Our patient is suffering extreme pain, and implores us to do something at once for his relief. To continue the poultices alone would only aggravate his case, and seriously complicate it. And as between the cart-wheel incision and the caustic treatment I strongly incline to the latter, because it will induce active suppuration within thirty-six hours, thereby emptying the centre of the swelling, and admitting of the collapse of the carbuncle.

I do not believe that this practice is attended with dangerous consequences.

Note.—An incision was made in the centre of the swelling, and a bit of caustic potash the size of a large pea placed to the depth of an inch and a half, and a soft bread and milk poultice applied.

The patient was given arsenicum 3x every two hours. In twenty-four hours the carbuncle was suppurating freely, and it gradually collapsed, so that at the end of a week it was substantially removed. The arsenicum was evidently of great benefit to the patient. The caustic can be applied as soon as the active inflammation of the skin has subsided, and before any openings have occurred. Little or no pain is experienced, and there is no especial danger of hæmorrhage. Tonics, good living, and fresh air are indispensable aids to recovery.

ON HÆMORRHAGE.

By J. HARMAR SMITH, Esq.

THE volume of inspiration tells us that "the life of the flesh is in the blood," and the observations of medical men in all ages, as well as the discoveries of modern physiology, abundantly confirm and corroborate the inspired dictum. Hence the popular fear of hæmorrhage (*αἷμα*, blood, and *ρήγνυμι*, to burst) is based on incontrovertible facts. A rapid effusion of blood is followed by death more or less instantaneous, according to the greater or

less quantity lost in a given time. Even if the effect of the flow be not immediately destructive to life, yet a proclivity will be generated to various diseases of debility; or a cachectic condition of the system, or a descent to the grave more or less rapid, will be the probable result. On the other hand, when life hangs in the balance after a great and rapid hæmorrhage, there is but one means that will avail to turn the scale in favour of its continuance, and that is, the introduction into the veins of the moribund patient, of a portion of the vital fluid of a living and healthy animal, of the same or a closely allied species. Under this potent influence the glazing eye brightens, the flagging heart gains new vigour, the blanched countenance recovers its colour, the cold extremities their warmth, and the dying patient has obtained a new lease of the life that was all but gone. What other fluid or matter added to the system of the moribund sufferer could have had such a wonderfully restoring and vivifying influence as this? so as literally

“To create a soul, under the ribs of death.”

I have never myself performed, or been present at the operation of “transfusion,” but some years ago attended a lady whose life had been saved by it, when *in extremis* from flooding after one of her confinements, and who was eloquent in praise of it and of the surgeon who had performed it.

Nor shall I ever forget a case of diverse issue, which I visited many years back, when a parochial medical officer. It was that of a poor lonely Irish immigrant, who had been attended during childbirth by a midwife, and left previously to the delivery of the placenta, and whom any attempt to resuscitate, even by the operation just referred to (and providing the apparatus and self-sacrificing friend had been at hand), would probably have failed.

The frantic restlessness and tossing, alternating with deadly faintness, the sobbing-gasping respiration, followed by convulsions and death, made a vivid impression on my mind, though scenes far more harrowing must be constantly witnessed on the large scale on the field of battle, by the army medical officer. Death from hæmorrhage is said to begin at the heart, and is due not to any loss of contractile power in this organ, but to the absence of its

appropriate stimulus; so that, whilst in the former case the necroscopy will disclose the heart flaccid and full of blood, in death from loss of blood it will be found contracted and empty.

One considerable loss of blood, if not immediately fatal, may, as I have observed, exert a permanently deteriorating influence on the constitution.

In like manner, frequently repeated though lesser hæmorrhages, as in menorrhagia and in hæmorrhoids, may not less certainly undermine the health. I was recently consulted by a lady who had never been well since her last confinement, several years back, which she told me had been followed by extensive flooding. The heart had become weak (although there was no symptom of structural change), there was an incessant and distressing dry cough, which auscultation threw no light upon, and upon which a very acute prosopalgia supervened.

After taking *aconite*, *arsenicum*, *belladonna*, *chamomilla*, and *nux vomica*, besides iron, without the least benefit, she was immediately relieved and rapidly cured of the neuralgia by *quinæ sulph.*, and when I last saw her she had all but lost her cough by the continued use of the same medicine.

This striking effect of the quinine, illustrated by Hahnemann's observations on the value of cinchona in the secondary effects resulting from losses of blood, confirmed my view as to the primary cause of the ailments of my patient.

In another class of cases, where hæmorrhage is not immediately destructive to life, yet the system may never recover from the shock, and death may follow in a few weeks or months. I do not remember to have attended more than one case of this kind during a practice of more than thirty years. The circumstances were somewhat remarkable, and made (although they occurred many years ago) an indelible impression on my memory. I was awakened in the small hours of the morning, whilst dreaming of great peril and of providential deliverance therefrom, by a violent ring at that instrument of torture (especially to over-worked and under-paid parish doctors) the night-bell. Its inharmonious clang had been started by the husband of a woman whose bed I found drenched, and a large pan or bucket half filled with blood, the result of *placenta prævia*. Of course, speedy delivery was the

only chance of saving life, and I was very thankful that there was no more hæmorrhage after this was effected. The system, however, never recovered from the effects of the flooding before delivery, and she gradually sunk and died about a month after the confinement.

I had not then any practical acquaintance with homœopathy. I only knew it, as so many know it now, as a medical bugbear. I am not certain that my present knowledge would have enabled me to save the patient's life, still I should have been in a better position, for contending with the disease, if I had possessed it. I should not only have been free to give the iron and quinine with which I treated the case, but should also have had all the resources of the homœopathic materia medica to draw upon as well.

It is difficult to speak with composure of the mental and moral perversity of those, who because we have discovered a law for the successful treatment of disease, instead of acting empirically and by guess work, still being at liberty to call to our aid all that you have found of value in your former practice, speak of us as medical cripples, who have lost all power to

“Combat with the deadly foe,”

inasmuch as we no longer carry as the sole insignia on your escutcheon the ancient weapons of

“A mortar and a pestle.”

Since writing the above, I have read the article in the February number of the *Review*, page 118, and suppose, according to Dr. McVeagh, that since becoming a homœopath I must have lost the power to diagnose and treat a case of placenta prævia. I refer, however, to the article in order to cite another case precisely similar to that alluded to by the writer in the *Review* at page 119. In the year 1858, shortly after I had had the cold shoulder given me by all my former medical friends, with one exception, I was consulted by a woman whom I found in a thoroughly anæmic condition in consequence of repeated attacks of hæmorrhage, due to the presence of a large uterine polypus. She had been for some time under the treatment of a graduate of the University of London, who was also a member of the Board of Guardians, which had rejected me, in whose

meetings he had bitterly assailed reformed medicine and its practitioners. He had not, however, even made a vaginal examination of the patient, but had treated her by medicine alone. The polypus was at once tied and removed by the friendly surgeon I have alluded to, and there was no further hæmorrhage. It would be easy to find similar counterparts to every charge which has the least foundation in fact, made against individuals in our ranks, by the old school.

Hæmorrhages may be distributed into two classes, according as they take place into the open channels of the body, or into shut sacs, although popularly the former alone would be known as such. Amongst these are epistaxis (*επιστάζω*, to distil) or bleeding from the nostrils. Hæmoptysis (*αῖμα*, blood *πτύω* to spit) or spitting of blood.

Hæmatemesis (*αῖμα* blood *εμεω* to vomit) vomiting of blood. Hæmaturia (*αῖμα* and *οὔρον* the urine) bloody urine.

Menorrhagia (*μήνες* the menses, and *ρήγνυμι* to burst forth) excessive menstruation.

Besides the hæmorrhages of this class to which distinctive names have been given, we meet in practice with hæmorrhages from the bowels, and from piles, and with uterine hæmorrhage during pregnancy or after delivery, or owing to the presence of a polypus or other tumour.

Of hæmorrhages into shut sacs, lined by serous membrane, as the open channels are by mucous membrane, we have examples in hæmorrhage into the arachnoid, or serous envelope of the brain, (almost certainly followed by apoplexy and death) into the pleura, peritoneum and tunica vaginalis testis, &c. &c.

There is, however, a very interesting question in relation to hæmorrhage which I must touch upon here. It is as to the mode in which the blood leaves the vessels.

Up to the time of Morgagni, it was the universal opinion of medical men; (as it still is of the vulgar), that in all cases of spontaneous hæmorrhage, the blood passed from the vessels, by the rupture or laceration of their coats, as in an ordinary wound.

Morgagni, however, proved that in many cases of death by hæmorrhage this was not the case, and subsequently Bichat, and more recently Andral, have demonstrated that in a large proportion of cases it takes place by transudation,

i.e., by exhalation through the coats of the capillaries (named by Dutrochet exosmose), the media through which the secretions are continually passing in the healthy organism. That in many cases of death from hæmorrhage this has been the mode in which it has taken place, has been demonstrated by post mortem examination.

The celebrated French physiologist, Bichat, appears to have investigated the subject more fully than any other writer. He has stated that he had repeatedly made necroscopic examinations of the bodies of persons who had died of Hæmorrhage, and that whether it had taken place from a mucous membrane, as from the alimentary canal or bronchi, or from a serous membrane, as the pleura or peritoneum, that by the most careful examination of the whole surface, he had failed to detect the slightest solution of continuity. Observations of the same nature have been also made by Andral, with the same result. The most striking confirmation of this doctrine has, however, been derived from those rare but well authenticated cases of hæmorrhage from the skin, in which the blood has distilled from it like dew, and when wiped off, has again exuded from it in the same way.

An objection has been made against the exhalation theory of hæmorrhage on the ground that the blood corpuscles are too large to transude through the unbroken parietes of the capillaries. The red corpuscles are about $\frac{1}{800}$ th of an inch in diameter, whilst the capillary pores through which secretion and absorption take place, are invisible under the highest magnifying power yet reached. In consequence of this objection, Sir Thomas Watson, in the 5th edition of his Lectures, recently published, has abandoned the term hæmorrhage by exhalation, which he had made use of in former editions of his work, and substituted for it the expression—"capillary hæmorrhage." He, however, has himself furnished a reply to the objection to the doctrine in question. Quoting from Professor Wharton Jones, an able physiologist, and who I am aware had made the histology of the blood a special subject of study, Sir Thomas Watson says, "he," (Professor Jones) "declares that the red corpuscles can readily accommodate themselves to vessels of a diameter less than their own."—(*Watson's Lectures*, 3rd Ed., Vol. I, p. 246.)

Moreover, the objection in question proves too much.

It would constitute a difficulty if carried out to its legitimate consequences, to the circulation of the blood through the capillaries in the healthy body. Professor Huxley, in his *Elementary Physiology*, 4th Ed. p. 301, states the diameter of the red corpuscles as $\frac{1}{8200}$, whilst that of the white corpuscles of the blood is $\frac{1}{2800}$ th, and that of the capillary blood vessels as from $\frac{1}{3800}$ to $\frac{1}{2000}$ th of an inch, then how is the passage of the blood corpuscles through the smaller of these tubes explicable, except on Wharton Jones' or some such hypothesis?

Sir T. Watson, however, offers positive evidence in support of the theory, that hæmorrhage is by laceration of the capillaries and not by transudation. He states that microscopic observation has detected the ruptured capillaries in the tissues from which the blood has flowed.

The evidence thus furnished can only be proved to apply, however, to the cases which have actually come under observation, in view of the positive evidence which I have referred to on which the exhalation theory is based. Very few writers contend that *all* cases of spontaneous hæmorrhage are of this nature. The only writer whom I have met with who states the doctrine so broadly as this, is the late Dr. John Fletcher of Edinburgh.—(*Elements of General Pathology*, page 265.)

On the other hand, Professor Niemeyer, speaking specially of bronchial hæmorrhage, gives the following as his dictum:—

“As a rule, hæmorrhage proceeds from rupture of the capillaries, caused either by over distension, or else by a morbid delicacy of their walls, a result of perverted nutrition. The trifling capillary hæmorrhages which occur in the first stage of acute bronchial catarrh, in cases of violent irritation of the air passages, and in the circulatory disorder attending organic disease of the heart, proceed from the first of these causes, while in most of the hæmorrhages, in which large quantities are poured into the bronchi, to be ejected thence by hæmoptysis or bronchorrhagia proper, they are due to the latter condition.”—(*Niemeyer's Practical Medicine*, 8th Ed., Vol. I., page 141.)

Probably, however, the hæmorrhage may take place in diverse modes in different instances. At all events, where such eminent authorities are so diametrically opposed, we must be content to wait for further evidence before viewing the question as finally settled; and knowing the tendency

in pathology as in other departments of science to veer from one extreme to another, adopt as our motto in the meantime, "*In medio tutissimus ibis.*"

The bearing of this question upon practice is very intimate. If hæmorrhage, for example, as suggested by Niemeyer, is due in certain cases to defective nutrition of the coats of the vessels, it is of self evident importance to seek to stimulate the nutritive functions, and to supply suitable pabulum for the purpose.

There is no question as to the nature of cerebral hæmorrhage; it rarely takes place by transudation, but generally from the rupture of a vessel of appreciable magnitude.

The *modus* of uterine hæmorrhage during pregnancy and after parturition (also when due to the presence of a polypus, or other tumor) is unique and full of interest. The condition of the internal surface of the womb immediately after delivery, has been aptly compared by some old writer to that of the bleeding surface of the stump after the amputation of a limb. What then corresponds to the ligatures by which the surgeon restrains the hæmorrhage after he has laid aside his catling? Obviously the muscular fibres which form the larger part of the uterine structure, and which are now developed enormously in size and strength. The relaxed state of the uterine fibres is as if the ligatures were loosened, and the blood allowed to flow from the face of the stump, and as in the one case the sole way of restraining the hæmorrhage is by tightening the ligatures; so in the other, every means would be utterly ineffectual, except the closing of the bleeding vessels, by the contraction of the circumambient muscular fibres, by means of cold, pressure, the introduction of the hand, galvanism, or the operation of specifics (such as the ergot of rye), which have the power of contracting the womb.

Epistaxis is a form of hæmorrhage which is justly deemed of little moment when it occurs (as it generally does) in young and healthy persons, or when it is vicarious of suppressed menstruation. In middle-aged or elderly persons, however, it may be nature's safety-valve for the relief of a congested brain, and thus of warding off a threatened attack of cerebral apoplexy.

I saw a case of this kind when I was a pupil, which made a deep impression upon my mind. I ministered at the death-bed of "a successful merchant," a little Pea-

body in the town where he lived, who was so respected by his fellow-townspeople for his benevolence, liberality, and genial bearing, that they erected a monument to his memory. He had one or more severe attacks of epistaxis about a year before his death, and was then told by his physician, the late Sir Arnold Knight (he was of free but not intemperate habits, and plethoric), that if he did not give up his port and observe the strictest rules of temperance both in eating and drinking, he would certainly have an attack of apoplexy. He, however, disregarded the warnings of nature and of the doctor, and cerebral effusion was the result. He remained in a state of coma till his death, on the third day, in spite of his being treated, *selon les regles*, by copious bleeding, &c., &c., although, as in a case which I recently attended, medicines prescribed homœopathically would probably have been equally powerless.

I visited last summer a lady of between 70 and 80 years of age, who was not improbably saved from a similar attack by a severe epistaxis. She is of very sedentary habits, and has a weak heart, and was kneeling down one evening with her head bowed low at family prayers, when profuse hæmorrhage from the nostrils supervened. This case is interesting as illustrating the occasional difficulty of ascertaining the source of the hæmorrhage in vomiting of blood.

The bleeding continued for some time after she had gone to bed, although it had apparently ceased when I left the apartment. I remained in the house all night, and was hastily called up in a few hours, and found my patient deadly faint and sick, and of course in a state of great alarm. I assured her that the symptoms were due to the presence of blood in the stomach, a large quantity of which, blackened by the gastric fluids, she presently vomited with complete relief. The blood was mixed with the contents of the stomach, and if it had not been for the bleeding from the anterior nares on the previous evening, the case would have been fairly set down as one of hæmatemesis.

In hæmaturia, especially when caused by congested kidney, medicines prescribed according to the law *Sim. sim. cur.* have often a very rapid and striking therapeutic effect.

In a case a couple of years back, in which a large

quantity of blood was passed with the urine, and in which there were casts as well, I found *terebinthina* 1, act with marvellous rapidity. At the end of 24 hours the urine was smoky only, and in another day or so it was perfectly normal. The patient was a young man who had taken cold by running to the train, and then sitting with the window open on a cold evening. There was lumbar pain, but no dysuria. There has never been any return of the disease.

Turpentine is one of the medicines which is stated by Dr. Ringer to cause bloody urine, and half a dozen lines further on he recommends it to be given to "check bleeding from the kidneys"! (*Ringer's Therapeutics*, 2nd ed., p. 273.)

It is also occasionally given by the old school in other diseases of the kidney. I recollect a case at the London Hospital when I was a dresser there, in which, after a consultation between the surgeons, it was given in complete suppression of urine of several days standing, and with perfect success.

(To be continued.)

REVIEW.

The Specific Action of Drugs on the Healthy System; an Index to their Therapeutic Value, as deduced from Experiments on Man and Animals. By ALEXANDER E. BURNES, M.B., C.M., Univ. Aberd., and F. J. MAVOR, M.R.C.V.S., President Central Veterinary Society. London: Baillière, Tindall, & Cox. Paris: Baillière. Madrid: Bailly Baillière. 1874.

We have great pleasure in reviewing this work, as from a homœopathic point of view such a book as this cannot fail to be much talked of. When Dr. Sidney Ringer's *Manual of Therapeutics* was first published, it probably caused a greater sensation among the profession at large than any work which had been published for years previously. Homœopaths saw at a glance how his views of treatment tended unmistakeably towards homœopathy, and wondered that a book so full of heresy should be so well received by the allopaths; while allopaths were rather taken aback by the recommendation of what seemed to them startlingly new pieces of treatment. This book, however, of Dr. Burness' is a great advance on that of Dr. Ringer, as we shall presently see. The drift of the work is clear to any one who knows what homœopathy is, from the advertisement of it that has

appeared in the medical papers. In this advertisement we are told that "the object of this work is threefold: 1. To point out that each drug when introduced into the system acts upon some *special* parts or tracts, in virtue of its physical, chemical, or dynamical properties. 2. That the therapeutic value of each drug is to be determined by ascertaining the symptoms produced, and the parts influenced by it, when introduced into the healthy animal system. 3. That while a toxic dose will effect such changes in a part as to unfit it for any vital action, a lesser dose applied to a diseased part, will, by removing that state of combination of the elements which excited diseased action, enable the normal process of nutrition to restore the healthy constitution." Knowing as we do the rigid trades'-union exclusion which is carried on in even advertising homœopathic works, we cannot but feel surprised that one, the principles of which are so broadly and honestly stated, should have been allowed to be even advertised. But so it is. The whole of the book is the work of Dr. Burness, except the experiments on animals (horses chiefly), which are recorded by Mr. Mavor. We shall now proceed to analyse it.

There are four introductory chapters, the contents of which Dr. Burness thus gives in his Introduction:—"In the first chapter, a few examples are adduced to show that each disease is characterised by certain primary symptoms peculiar to itself, due in most cases to some, as yet, unknown cause, specifically influencing some special parts or tracts; and in the same chapter, examples are brought forward, showing that there are various agents which influence primarily certain parts, and produce certain symptoms peculiar to each, when introduced into the healthy animal economy, and that this influence is due to their physical, chemical, or dynamical properties." This is such an exact *résumé* of the contents of this chapter, that it is unnecessary to enlarge it further, and so take up needless space.

In the second chapter, Dr. B. goes on to say that "it is shown that the knowledge of the specific action of each substance thus gained, is a *key* to its therapeutic value. And at the same time allusion is made to the fact that each exerts a two-fold action upon the same parts, according to the quantity taken, and the state of the part—one, its physiological action; another, which for want of a better name may be called its restorative action—and it is indicated where it is advisable to use an agent in physiological or restorative doses. Cases are also quoted to show that experience has already proved the truth of the above statements." In this chapter, our author endeavours to explain what he means by the *toxic* dose of a drug, viz., that dose which is sufficient to cause death, while by the physiological dose is meant "such a dose as is given in works

on *Materia Medica*, as the medicinal dose. But as stated already, when a substance is used for its specific action on the diseased parts or tracts, the dose must be *considerably* below the last mentioned (physiological) dose. The exact quantity of each substance to be given for this purpose is a point to be determined yet by experiment. The rule, however, is to give it in such a dose as will not produce physiological effects, and thus aggravate the disease." The veriest tyro in homœopathy cannot fail to see the meaning of the above sentences. Dr. B. then adduces as examples of what he means, *arsenic* in diarrhœa, cholera, gastro-enteritis, &c.; *ipêcac.* in vomiting; *nux vom.* in dyspepsia and constipation; *bichloride of mercury* in dysentery, &c. Dr. B. also cites cases in which the physiological dose may be used, "as for example, such substances as *hydrate of chloral*, or *bromide of potassium*, to produce sleep; narcotics to relieve pain; *ipêcacuanha*, *sulphate of zinc*, &c., to excite vomiting; *castor oil*, to remove retained fecal matter from the bowels; *ergot*, to promote expulsion of the fœtus, or to cause constriction of the uterus, and prevent hæmorrhage," &c., &c. In the third chapter he speaks of the mode of administering medicines, in which he treats of the reason for giving concentrated or dilute solutions according as one wishes to promote exosmose or endosmose, the advantage of giving certain insoluble medicines in very small doses, so as to enable them to be absorbed. In coming to the main body of the work, we find the majority of the remedies referred to in the British Pharmacopœia, arranged in the following plan. First, there is the physiological action of the medicine, then a paragraph on its specific action, in which Dr. B. runs over the various tissues or organs affected by the drug; then comes its therapeutic use, 1. in "restorative" doses, for which read homœopathic; and 2, in physiological doses, for which read allopathic; after which in the case of some of the medicines, the therapeutic use in the case of animals is given.

It would take up too much space to quote all that is said regarding either of the medicines treated of, our readers must therefore rest satisfied with the outline given. But we can fancy with what widely opened eyes, an allopathic reader, of the "orthodox" type will scan the words that *cantharides* in "restorative doses" is indicated in "acute nephritis and cystitis, in strangury, suppression of urine, and hæmaturia from acute congestion, and in dropsy after scarlet fever," &c., &c.; or that *croton oil* is indicated in restorative doses in "choleraic" and watery diarrhœa; also "internally and externally in some pustular skin diseases;" or that *colocynth* is "indicated in watery diarrhœa and dysentery, also in colic." He will also stare still more when his favourite *colocynth* as a purgative, is set aside by "it *may* be used, in some cases, in physiological doses, to produce purga-

tion;" or when he finds that *podophyllum* in restorative doses is used in "the diarrhœa of typhoid fever, in idiopathic enteritis, dysenteric diarrhœa, prolapsus ani, in excessive secretion of bile with headache, &c.; chronic diarrhœa, with griping pain, in children with distension of belly, colicky pain, and irregular bowels." We cannot quote more for want of space: of course, *arsenic*, *ipéc.*, *aconite*, *belladonna*, *nux vom.*, are all as complete as Dr. Ringer has already given them, but the ones we have quoted go a good deal further than the professor of Materia Medica in University college dared to go.

We omitted to state that there is a chapter on temperature in disease, in which some experiments on the effect of certain medicines on the temperature of the body are given. It also contains experiments, more or less interesting, on the physiological effects of certain medicines on animals. The book concludes with a set of cases illustrating the principles already stated.

The drift of this book is as plain as noon-day. It is evidently the work of one who has firm faith in the principle of *similia similibus*, and who relies chiefly upon it in the selection of remedies, but who, recognising a few good points in the old school method of treatment, hardly sees his way to free himself from its trammels. So he seeks to tack to the homœopathic treatment, what is good in the old style. Dr. Burness' idea seems to be something like this, "I am unwilling to join those who stand up openly for the truth of the homœopathic views, because cases occasionally occur in which I think the physiological action of the medicine is called for, in other words its allopathic action." That he looks upon the allopathic use of a remedy as quite a secondary one to the homœopathic, and almost never to be resorted to in *preference* to the other, will be seen from the following sentences. "That a knowledge (p. 17) of the specific action of any substance is a key to its therapeutic value, and that various substances possess both a physiological and a restorative action as indicated by theory, and proved by experience, has now been clearly demonstrated. At the same time it will be seen, that experience and theory indicate the advantage of giving a remedy in the restorative doses, in cases of functional derangements of parts over which it has specific influence, when possible in preference to giving a physiological dose, and running a risk of inducing a state of affairs worse than the original disease. As for instance, such specific remedies as *ipécacuanha*, *bichloride of mercury*, *arsenic*, &c., are preferable and more successful in the treatment of various forms of diarrhœa and dysentery, than are the various astringents that are so often used, and so frequently fail in giving more than temporary relief." (p. 7.) So, also, in a similar passage on p. 16, which we have not room to quote.

But there is another view of the book, which, perhaps, is the true one: that it is, the effort of one who thoroughly believes in homœopathy, but who sees, that so abhorrent is the name of homœopathy to the so-called orthodox, *i.e.*, allopathic mind, that there is very great difficulty in bringing its truths under the notice of such persons when called by its ordinary name. He sees that true scientific medicine must come to admit the truth of and to practise homœopathy, however much it is railed against in the meantime. He sees, moreover, how Dr. Ringer's work has taken, and that the bait has been excellent to a large extent. He therefore wishes to make the experiment of putting forward homœopathy pure and simple in principles and practice; but in order not to frighten the "orthodox" mind, he adds a paragraph on the physiological or allopathic use of each medicine, and never breathes the hated name of homœopathy. This is one of the most striking features of the book. Not from beginning to end does the word "homœopathy" occur. He recommends the homœopathic dose by the name of the "restorative" dose, and gives the scientific explanation of the action of the medicine by serving up as new Dr. Sharp's "Organopathy." The amount of the restorative dose is also studiously omitted in every case, as this might possibly involve the mention of doses too small for the optics of the allopathic brain. Neither is there scarcely any reference to authorities, as is likewise the case with Ringer's book, for the very obvious reason, that most of his references would at once "let the cat out of the bag."

That Dr. Burness pretends his views or his practice are original, or that he knows nothing of homœopathy as homœopathy, we would never think of doing him the injustice of supposing. His views are just such as he will find every homœopath to at once agree with him in. No homœopath of the present day would think of allowing his patient to die unrelieved from pain, because the disease is incurable, and palliatives are the only things likely to be of any service, or where a foreign body, as a tape-worm, can be so easily removed by a drug which will poison it. The homœopath is first of all a *physician* who has found homœopathy the most successful method of treatment, and consequently he always first prescribes homœopathically, but he is a physician also who is not trammelled by a "pathy" to the prejudice of his patient, but who, when the case is incurable or mechanical, or involves cruel pain, does not scruple to use his common sense, and ease his patient by a palliative. Dr. Burness will find that this is the practice of all homœopaths; so if he fails in his supposed object of drawing the attention of the allopaths to the beauty, simplicity, and truth of homœopathic treatment, he need not be afraid that he will be uncomfortably

trammelled if he casts in his lot openly with us ; and the more Dr. B. practises, the less often he will find that he fails with his "restorative" doses, and less will he need to resort to his physiological doses. Some of our homœopathic readers, who have borne the brunt of the open fight, and not shrunk from the obloquy incurred by confessing their conscientious views, may, still more than with Dr. Ringer, be disgusted at finding Dr. Burness' "bag" homœopathy entire, or a good part of it, and bring it out under a scientific garb, avoiding all reference to or acknowledgment of those who have, by years of application, deduced his facts for him. But we would rather rejoice. Truth is truth however it is put, and if Dr. B's book "goes down" with the allopathic portion of the profession, we shall only rejoice that the good seed will be so widely sown, knowing that in time the true nature of his "restorative" treatment will be seen by every one to be identical with the hated system of homœopathy. We can only further say that the publication of such a book as this affords ample proof of what has been often stated in this *Review*, that homœopathy is not a "dying faith," but that it is quietly and silently spreading, like the leaven which will soon, we hope, "leaven the whole lump."

If we might find fault with the work, we should say that it bears marks of being rather hastily prepared. Little inelegancies of language occur, which could be easily corrected, together with several typographical errors. We would also complain that the symptoms of the medicines, with the diseases for which they are indicated, are too concisely put. In many cases a mere dry list is given, which takes away very much from the effect of the paragraph. We would suggest to Dr. Burness that when he produces his next edition he should enlarge it, and enter more minutely into the indications of the different remedies in the various diseases specified. The book is in every way handsomely got up.

CLINICAL REPORTS.

POISONING BY OPIUM, ANTIDOTED BY NUX V.

By C. P. HART, M.D., Wyoming, Ohio, U.S.

ABOUT five o'clock, P.M., July 23rd, 1873, I was hastily summoned to attend to a two-year child of M^r. Frank Pendery, residing about two miles from here in the country ; the messenger stating that it had swallowed a large amount of laudanum. On arriving at the house, I found the little patient cold, insensible, and in strong convulsions. The amount of laudanum swallowed—easily estimated from the size of the bottle—was

about two tablespoonsful, or nearly an ounce. The child had vomited once, soon after taking the poison. Although in a state of insensibility, I tried to produce emesis by a mixture of salt and mustard, but failed to excite any action of the stomach; the mustard, however, produced a good effect, in conjunction with the hot bath, in helping to restore the capillary circulation. The convulsions followed each other in quick succession, the patient relapsing immediately, during the intervals, into the comatose state. I now prescribed *nux vom.* θ in drop doses, one drop every five minutes until the convulsions should cease. This occurred in about two hours, the patient taking in all just twenty-three doses of the medicine. After the convulsive movements had subsided, sensibility and warmth were gradually restored; but the patient was purposely kept aroused, and not allowed to sleep, until nearly twelve hours after taking the poison. It then fell into a quiet slumber, from which it awoke about eleven o'clock the next day, bright and well as ever.

This case needs no comment. That the child's life was saved by the *nux vom.* admits of no doubt; that the cure was strictly homœopathic is equally certain.—*American Observer of Homœopathy*, Jan. 1874.

GASTRALGIA—NUX VOMICA.

By J. H. SHERMAN, M.D., Lynn, Mass., U.S.

O. S., a captain of a whaleship, aged 45, of bilious temperament, with dark hair and eyes, and sallow complexion, had suffered from dyspepsia several months. He had been treated allopathically with stimulants, alteratives, tonics, mercurials, &c., without benefit. He consulted me in May, 1859. He had taken a light dinner a half an hour previously. His countenance was the picture of agonising distress; and he threw himself upon a sofa, better to bear his extreme suffering. He had suffered more or less distress after meals for a long time. His appetite was quite good, and he was but little emaciated. The bowels moved daily, but were costive; the tongue was slightly coated. The distress would commence almost immediately after eating, and was accompanied with pyrosis and flatulence. There were difficult respiration, and palpitation of the heart, leading the patient to suppose that he had disease of the heart. It was two or three hours before he could feel comfortable after taking an ordinary meal.

My prescription was *nux vom.*, ten drops in a half-tumbler of water, in teaspoonful doses, every five minutes. After he had taken three doses, he arose and declared himself greatly relieved. I gave him a package of powders medicated with *nux vom.*, to be taken half an hour before meals, and a vial of the first solution

to prepare and take as above during an attack of distress. I made no suggestions as to change of diet; for the patient had learned from sad experience what articles of diet he had best abstain from. The attacks became less and less severe day by day, until at the end of six weeks he called himself well. Some months afterwards he wrote me from New York that his old dyspepsia was returning. I sent him more *nux vom.*, which relieved him promptly and permanently. It is now fourteen years since the above treatment, and the patient has remained hale and hearty to the present writing, eating everything ordinarily found on the tables of generous livers, and experiencing no inconvenience from his food.—*New England Med. Gaz.*, Dec. 1873.

OXALURIA—NITRO-HYDROCHLORIC ACID.

By S. M. CATE, M.D.

Mrs. L., aged 29, has been quite an invalid for two years, and under the care of clever physicians, who have treated her for several different diseases, without benefit. A miscarriage, some years ago, broke down her health; and none of the means used have made any improvement. In December, 1872, she had been flowing for two weeks. The menses come each three weeks, and, though not profuse, are quite protracted; and she has a watery leucorrhœa when not flowing. She has a dull, heavy pain in the lumbar region; the bowels are constipated; the stomach weak. She feels hungry, but still she can eat but little, and that little produces a good deal of distress in the stomach. She has a desire for salt food; is very lean and sallow; the eyes are sunken; she is very easily tired, and much depressed in spirits, and hypochondriacal. She has spells of shooting pains in the temples, and also sick headaches. She took *nux vom.*, *pulsatilla*, *china*, and *sabina*, without effect. Then *nitri. acid.* 4 dec. produced some improvement. Next a drachm of nitric acid and two drachms of hydrochloric acid were mixed with half a pint of spring water; and a teaspoonful was given in a little water an hour after each meal, with most gratifying results. The mixture acted like a tonic, increasing both the appetite and the digestion. By a continued use of this remedy for three months, she had regained her flesh, and a full, robust health; and she has continued well in all respects to the present time.

In some other cases, where there has been a great variety of ailments that could be referred to some common cause, and an analysis of the urine has shown the presence of oxalic acid in considerable quantities, great benefit has been derived from the use of the nitro-hydrochloric mixture before named. And in

one case of mulberry calculus (oxalate of lime), the soreness and dull pains in the affected kidney were removed by the persistent use of the same mixture.—*Ibid.*

ACUTE MANIA—GELSEMINUM.

By C. P. HART, M.D., Wyoming, Ohio, U.S.

IN the summer of 1869, while practising in the village of Y. S., Ohio, I was called upon to treat a case of acute mania, which possesses some points of interest to the profession.

The patient was a Miss M., of S., about sixteen years of age, and of the atrabilious temperament. After suffering several weeks with a protracted attack of melancholia, for which the remedies given were inefficient, she was sent during the previous winter on a visit to relatives in Illinois, in hopes that the change would prove beneficial to her health and spirits. Besides this, parties were given on her account; she was introduced into society of the young and gay; and everything which the love and skill of her relatives and medical attendant could suggest was done to wean her from her state of settled melancholy, but without avail. At last a severe paroxysm of acute mania set in, and the worst fears of her friends were realised.

Up to this time the catamenia were regular; but, as frequently happens in such cases, they were now suddenly arrested, leading her friends to suppose that "taking cold" was the proximate cause of her insanity.

A skilful physician of the old school, Dr. K., formerly Ex. Off. of Brown Gen'l. Hospital, U.S.A., of the Surgical Wards of which the writer was Surg.-in-Charge, was called to treat the case. Regarding it as the result of a simple attack of catamenial suppression, he rang the changes in succession upon all the leading emmenagogues, from the simple iron and myrrh mix. to ruta, sabina and tanacetum, but all in vain; the paroxysms became more frequent and severe, until not even three stout attendants were able to prevent her doing injury to herself or others. After being subjected to the major therapia of the old school, including, of course, blistering, cupping, and frequent purging, *secundum artem*, the papers were made out for sending her to the State Lunatic Asylum as an incurable. At this stage of the proceedings her mother in S—d, Ohio, was informed of her condition, who, with railroad speed, flew to her daughter's rescue, and with a mother's tact and management contrived to bring her to the house of a relative in Y. S. for homœopathic treatment.

Her condition at this time was truly deplorable. Greatly emaciated and weakened by the "heroic" treatment to which she had been subjected, she nevertheless possessed, during her

paroxysms of frenzy, the strength of a giant. At such times not a stitch of clothing could be kept upon her. With blood-shot, protruding and ghastly eyes, dishevelled hair and wild demeanour, her portrait might well have passed for the witch of Endor. She talked and sang alternately, as the fancy seized her, but without connection of thought or purpose. Her hands, feet and head were alternately cold and hot; the temperature of the rest of the body was nearly normal. The tongue was loaded with fur, the bowels obstinately constipated, and the appetite capricious.

I first put her upon *aconite* and *belladonna* in alternation, but without effect. I then tried *veratrum vir.*, but without the least perceptible benefit. Finally, regarding the case as essentially hysterical, the cerebral symptoms led me to prescribe *gelseminum*, the effect of which was magical. She took drop doses of the θ every hour during the day for about a week; the second week it was taken only half as often; after that it was administered *ter die*. In less than three weeks the catamenia returned, and she was entirely cured, both of the mania and the melancholy, having had no return of the symptoms since.

Speaking pathologically, this case depended upon cerebral congestion, the functional derangement of the great nervous centres being secondary to that of the circulatory system, over which *gelseminum* may be said to exert almost absolute sway. While this is true also of its congener, *veratrum vir.*, it is interesting to remark that the latter seemed to exert no controlling effect whatever upon the paroxysms. This, doubtless, must be owing to the power which *gelseminum* has over the nerves of motion, which it depresses and paralyses. See Hale's *New Rem.*, sec. ed., p. 402, *et seq.*—*American Observer of Homœopathy*, Sept. 1873.

ULCERATION OF THE STOMACH—TITANIUM.

By E. CLARK, M.D., Portland, Maine, U.S.

THE patient, a married lady of about forty, living in one of the northern towns in New Hampshire, was treated wholly by letter, her case being reported to me by her husband, from a copious daily record which was kept.

Nov. 29, 1872.—The first letter states that she is very constive. She passes nothing from the bowels without injections, and then very scanty and hard fæces. She dare not take cathartics, on account of the inflamed state of the stomach. She has paroxysms of excessively severe pain and distress, mostly in her right side and back, relieved only by vomiting, which strains her very much. These attacks are from two days to a week apart. She is comparatively easy in the intervals. The matter

ejected is mostly mucus and undigested food, and, at times, black matter like coffee-grounds. She eats but little, for fear of this distress. She is very weak and emaciated. During these paroxysms of distress, the bowels swell and are hard; much fetid gas passes from the stomach; there is a great deal of "foaming in the stomach." I diagnosed the round ulcer of the stomach, and gave her *atropine* 2 dec. for the pains, and *carb. veg.* 30, to be taken once in four hours.

Dec. 5.—The husband writes: "I judge you are not aware of the reduced state of my wife. She is exceedingly emaciated and very weak; the bowels are much distended, and the fæces very dark. There is much soreness of the stomach and back, frequent vomiting of dark-grayish matter mixed with mucus. The breath is offensive; there is thirst, but no appetite; chills precede the spells of distress and vomiting; she has night sweats and a soreness of the right side." I prescribed *arsen.*, which gave some relief.

Dec. 9.—The same catalogue of symptoms is repeated, with some relief. The report adds, "the urine is thick and acrid; it deposits a whitish matter; she vomits less frequently, but more in the night; she has more distress in the stomach and back, and says that she cannot eat anything." Gave *hydrastis* occasionally.

Dec. 18.—The report says that the sharp pains in the pit of the stomach continue, also the vomiting which is relieved by the *arsenicum*. A repetition of the aforementioned symptoms follows. *China* 6 was prescribed.

Dec. 29.—Again the report is unsatisfactory. The same symptoms recurred, at irregular intervals of time, with great severity, and the case appeared nearly hopeless. I prescribed *titanium* 2, one grain of the powder to be taken three times a day.

From this time the improvement of the case was rapid and uninterrupted. There was no more nausea nor vomiting; the bowels gradually became regular, the sleep refreshing, and the appetite good. In March, 1873, she visited Portland in very good health.

Titanium is clearly entitled to the place of honour in the case of this severe and interesting case—one of ulceration of the stomach, and blood degeneration, as I regard it.—*New England Med. Gaz.*, Sept. 1873.

EXTRACTUM RICINI COMMUNIS.

THE following cases illustrate the action of the extract of the leaves of the castor oil plant in increasing the secretion of human milk, in developing, that is, a healthy activity in the

mammary gland, they are reported by Dr. WOODBURY, of Boston, in the *New England Medical Gazette* for November, 1873.

Among American women the non-appearance of the milk after parturition, or its scanty secretion for a short time only, is a frequent occurrence, occasioned, in the judgment of many observers, by faulty organization, or lack of nervous energy, or both. This is the direct result of the unnatural mode of dressing the chests of female children up to, and even after, the age of puberty, by which the development of the mammary glands is almost entirely prevented. In view of the large number of cases of this kind, which are constantly occurring, whereby so many infants are deprived of their natural nourishment, and of half their chances of surviving the period of dentition, any medicine by which the lacteal secretion may be induced when it does not appear after parturition, or which may stimulate it when it is scanty and threatens to disappear altogether, is a priceless boon to the profession, as well as to the unfortunate mother, and still more unfortunate child. From some experience which I have had with the fluid extract of *Ricinus*, I am led to regard it as a remedy of great value in cases of agalactia dependent upon deficient development, or lack of nervous energy of the mammary glands.

But before we can hope for a successful use of this or any other medicine in these cases, we must make sure that our efforts are not counteracted by any constitutional malady, or by excessive secretions from any other organs. I subjoin a few cases in which I have used it, with the results.

CASE I.—Mrs. S., the mother of three children, has brown hair, blue eyes, and full habit. At the birth of her first child the breasts appeared fully developed, and she had, for the first three weeks, a fair secretion of milk. It then began to grow scanty, and entirely disappeared at the close of the fifth week, in spite of nourishing diet, and the use of the usual medicines and appliances. Her child did not survive the fourth month.

Eighteen months later she was again confined; had about the same supply of milk as before, which at the end of four weeks had greatly diminished, and threatened to disappear as before. Gave her of the fluid extract of *ricinus communis* five drops every four hours. In two days there was an appreciable increase in the quantity of the milk, and the flow was soon fully established. Three years later (about two months since) she was again confined, and was again threatened with the loss of her milk as in the two previous instances. During the third week, the secretion grew so scanty as to necessitate the partial feeding of the child. The *ricinus* was again resorted to with complete success. The secretion is now abundant.

CASE 2.—Mrs. S., tall, pale, with black eyes, always very healthy, has been reared and dressed “fashionably.” She was confined, about one year since, with her first child. The breasts were flattened and small and the nipples depressed or “countersunk.” She had, from the first, a very moderate secretion of milk, enough, however, for the support of the child, when I discontinued my visits. Two weeks later I was called, and found the secretion greatly diminished; the breasts were soft and flabby. The child was very fretful, and it was fed largely upon artificial food. *Ricinus* was again given as in the former case; it was followed by a rapid increase in the quantity of milk, which continued uninterrupted till the time of weaning, ten months from birth.

CASE 3.—Mrs. H. was confined with her first child two years since; she lost her milk entirely six weeks from the birth of the child. Her second confinement occurred in May last. The secretion of milk was tardy, and not very abundant from the first, and it seemed to grow gradually less. As she was very desirous of nursing this child, it was determined to try the *Ricinus*, which was done, with the effect of considerably increasing the secretion. The child required no artificial food until he was nearly five months old.

CASE 4.—Mrs. F. was confined about six weeks since. She has rather a spare figure, is of a highly nervous temperament, and is subject to attacks of despondency and hysterical excitement. She had a copious secretion of milk from the second day after confinement until the twelfth, when she was greatly startled by the sudden and, as she feared, fatal illness of her child. This was followed by the rapid diminution and speedy cessation of the lacteal secretion. *Ricinus* was given in this case as before, but without effect. A dilution of it in warm water was also applied to the nipples and mammæ, but there was no return of the milk.

I learned on enquiry, that patients in cases two and three had always worn closely fitting dresses and corsets since the age of ten years, thus confining the development of the lacteal glands within the narrowest possible limits, rendering them about as useful “when they are called for,” as are the bandaged feet of the Chinese beauty for purposes of locomotion.

POISONING BY CAMPHOR.

At a recent meeting of the *Central New York Homœopathic Medical Society*, the following case of camphor poisoning was reported by Dr. YOUNG:—

Miss J., æt. 27, on November 14th, 1873, was suffering much pain from an attack of dysmenorrhœa. As was her custom, to

relieve her pain, she several times through the day took, *as she said*, a dose of *camphor* in water, but receiving no benefit therefrom, at each successive dose increased the quantity. At 6 p.m. took two tablespoonfuls of tincture of *camphor* at a single dose, and in a few moments was free from her aggravating pains. She then went to visit a friend about three blocks distant from her home, but on entering the house was attacked with a dreadful feeling of faintness, shivering and numbness, with no feeling of coldness except in the stomach. She says that the only way she reached her home without fainting was by her determined will that she would not faint, and by continually eating snow and throwing it into her face. On reaching her home she could not be coaxed or driven into the house, giving as the reason that she knew she would faint and have fits, and that she should wait there until the doctor came. At this time I arrived and found the patient very much excited, screaming loudly, "I shall not faint! I shan't faint! for if I do I will have fits and never come out of them!"

I conveyed the patient into a warm room and placed her by a hot fire, found her courses had ceased entirely, her pulse imperceptible at the wrist, her heart beating very slowly and intermitting, her face and hands deathly pale, her extremities all numb, and she continually complaining of freezing. I gave her copious draughts of warm coffee and laudanum and applied friction to the extremities. In fifteen minutes the pulse had reappeared, reaching forty beats per minutes, in thirty minutes sixty, and in one hour one hundred per minute. The patient complained of no pain except numbness and internal coldness. The tongue felt swollen and numb. She had great difficulty of speech and thought. At this time I had prepared a tub of warm water as hot as the patient could bear, in which she was placed, remaining some twenty minutes, being warmly covered with blankets. She was then quickly wiped dry and placed in a warm bed, given *pulsatilla* every half hour, with an occasional dose of *aconite*. Her courses quickly reappeared and continued uninterrupted their accustomed length of time.

Nov. 15th. Patient says she feels as well as usual, with the exception of occasional sensation as though she were going to faint. On the 16th, 17th, 18th and 19th, attended to her usual duties, viz., teaching school. But on the evening of the 19th, while playing the piano, a lady friend suddenly held a bottle of *camphor* under her nose for a single instant. Patient says she knows that she only got one sniff of it, but immediately all of her old symptoms returned, viz., fainting, shivering, coldness, numbness, thickening of the tongue, with difficulty of speech and thought. These symptoms were not constant, but coming on several times through the day for several days, gradually

passing off and then reappearing without a moment's warning. And now, where she could once swallow *camphor* almost *ad libitum*, she cannot even endure the smell of it for a single instant without acute suffering.

EXTRACTS FROM MEDICAL LITERATURE.

THE following extremely interesting case of *Poisoning by Arsenic* occurs in the *Med. Times and Gaz.*, Jan. 10, signed "D. E. H." It is rarely in cases of arsenical poisoning that the specific action of the poison upon the nasal, faucial and bronchial mucous membranes is so beautifully seen. Usually the main brunt of the poison falls on the gastro-enteric mucous membranes. This case, then, is very valuable as a proving of arsenic, showing the nature of the fluent arsenical coryza. As arsenic is now frequently prescribed by allopaths as well as homœopaths, in *asthma* and asthmatic bronchitis, this case shows clearly how homœopathic the medicine is in such cases.

"Sir,—I am six feet high, over fifty years of age, slight, fair, of exceedingly active habits, and accustomed to a great amount of walking exercise daily; I have lived all my life within sight and smell of green fields, and have never had the slightest suspicion of either asthma or hay fever—which latter fact I mention here because my symptoms, detailed below, were mistaken by myself for an aggravated attack of the latter malady.

"In the spring of the present year I re-papered a small garden room in which I usually spend about two hours of the latter part of each day, no other person in the house ever occupying it at all. The paper selected was a green pattern on a green ground; the colour easily came off on rubbing it. The room is small, one wall slightly inclined to dampness in any change of weather, and when the gas is lighted, which it invariably is at dusk, soon becomes somewhat more than warm. The re-papering took place in May; by the end of the month, after a week or two of being told that I was 'looking ill,' nasal symptoms set in with great severity—my nose became slightly red and swollen, the mucous membrane irritable, with a constant defluxion, attended by sudden and violent fits of sneezing; my voice became nasal, my eyes felt dim, whilst my taste and smell entirely disappeared. I had a painful sense of weight in the frontal sinuses, and a most sickening sensation as of soddened membrane, alternating with a still more nauseating impression of grease (exactly as if a tallow candle had been blown out) at the back of the fauces. It was utterly impossible for me to breathe through my nose; indeed, I can confidently assert that for three months I had no 'breath of my nostrils.' The mucous

membrane at the back of the throat looked unhealthy, and the urine was scanty and high-coloured. Night intensified all my ailments. I never had from the beginning of June until the end of September a single night of unbroken rest; I lay awake the greater part of the night with my mouth wide open, with a painful, often alarming, sense of impending suffocation. On rising in the morning violent sneezing fits would cause the ejection of great quantities of glairy mucus, which would pour from the nose on stooping forward and making a forced sudden expiration, without, however, restoring the power, even temporarily, of breathing through the nose.

“All this time, strange to say, I did not feel ‘ill’ (that I looked so was undoubted, as I was told it on all hands), neither did my bodily health appear to fail, nor my appetite become impaired (albeit I could taste nothing). I continued much in the same state until September 2, when my miseries at night seemed to culminate. I passed a dreadful night from the most profuse discharge of thin fluid from the nose; I was compelled to sit up in bed the greater part of the night with a handkerchief to my nose. If I removed it for a moment I felt the fluid running down my chin and neck; if I lay down exhausted I felt it running down my throat. My tongue on the following morning was literally as white as the paper on which I now write, this being the only occasion on which I remember observing any approach to a ‘silvery’ appearance. My next night was still worse, for I then experienced for the first time in my life all the horrors of spasmodic asthma, which harassed me in short attacks nearly the whole of that night. Three days after this I left home, going first to Malvern; and here it is especially to be noted that on the following day my nasal symptoms nearly left me, and from that day I regained the power of breathing through my nose. I must here also observe that on one previous day in August, when I ran down by boat to Linton from Bristol, and slept there, on waking in the morning I found I had the same facility of breathing, losing it again on my return home in the evening. I did not, however, at Malvern lose the asthma, as I generally had one attack nightly, and lasting from one to two hours. Each attack came on after I had slept about three hours, when I awoke with a sense of oppression in the chest, which induced a cough and the expectoration of glairy mucus. I felt I had to get rid of a certain amount, and I did bring up a large quantity. Each paroxysm of cough, however, slowly developed the asthmatic fit, when I turned into the dressing-room, and lighted a pipe. I first used tobacco, afterwards *datura tatula*. A very few whiffs of either speedily stopped both cough and asthma, and enabled me to get to bed and to sleep again. I remained at Malvern about a week, and then went to the sea-

side, near Southsea, and lived on the sea or by the sea all day, but became decidedly worse as regards the asthma, in addition to which I had now for the first time severe dyspepsia; eating meat especially produced violent asthmatic attacks. I really believe on two occasions I should have died if sudden vomiting had not come to my relief, bringing an instant and complete cure for the time. I now felt so ill that I determined to go to London for advice. I made an appointment with, and saw, Dr. George Johnson, telling him I was suffering from the effects of hay fever, which I then thought had been the case. At that time, however, all active symptoms of it had disappeared. To relieve the dyspepsia I was ordered a tonic of nux vomica, hydrochloric acid, and quinine, which had a most beneficial effect. After the third dose I observed that for the first time for nearly four months the sense of smell was restored, and the same evening at dinner I found I could distinguish each article at table by both smell and taste. The following day I returned home and to practice—contrary, however, to the doctor's advice; but I was compelled to do it, however unfit. The same evening, on entering the little room, I was seized with a violent fit of coughing, and it was during this that it suddenly flashed upon me for the first time that all my train of symptoms had commenced at the exact date at which the room had been re-hung with the green paper. I had a portion of it examined the following day by an analytical chemist, and it was found to contain arsenic largely, his remark to me being, 'I have seldom seen a more dangerous paper.' "

M. CLAUDE BERNARD, in an interesting series of *Lectures on Diabetes*, in the *Med. Rec.*, thus sums up on the connection between glycæmia and diabetes (*Med. Rec.*, Nov. 26):—

"To resume. I consider then, to use Hippocratic language, that glycæmia increased in the cases of weakness or functional trouble is an effort, a salutary tendency, of nature to repair the injuries of the organism. At the beginning of all perturbative or morbid action, there is probably exaggerated glycæmia. Thus fugitive glycosuria, more or less persistent, would explain itself in many diseases. Glycosuria is then, in fact, only a symptom of a physiological action common to a great number of various conditions. Far from regarding exaggerated glycæmia as a grave prognostic characteristic, I would look upon it as the contrary. It is vitality reacting; it is essentially a reparative and salutary phenomenon. When glycæmia decreases and disappears, it is because the vitality of the organism is weakened and exhausted; it is then only that, if you will, the pathological state commences.

"In diabetes, the glycæmia, which precedes glycosuria, is not really the disease. On the contrary, in it is seen an effort of

the organism to regenerate itself; a physiological phenomenon analogous to the phenomena of organic development, be it vegetable or animal.

“The symptoms of the diabetic patient are a trouble, an exaggeration of the nutritive phenomena; the nutrition is not less, on the contrary, it is exaggerated. As I said in a lecture in this course in a paradoxal form, to become diabetic, one must be in good health. Glycæmia diminishes, and glycosuria is impossible in inflammatory diseases; then the nutrition is directly implicated. The cause of diabetes is thus deeper than the causes of glycæmia, which is, I repeat, the expression of a salutary physiological tendency. The true etiological element is the unknown cause for the moment of the primitive organic weakness. It is to this cause that we must turn, and not to any glycæmic or glycosuric symptom. This cause reacts on the liver to produce glycæmia, and to lead to a powerful reaction of all the reparatory phenomena. But this reaction ends by weakening itself; glycæmia itself ends by decreasing when the diabetes, too persistent, has weakened the organic effort which tended to regeneration.

“You see, gentlemen, that I do not pretend to believe that we have yet arrived at a complete explanation of diabetes; on the contrary, you have seen that we know less about it than we thought we did. Form whatever opinion one pleases of this disease, call it constitutional dystrophy, or otherwise, these are still but empty words, behind which we seek to hide our ignorance of the real cause. Physiology has shown us to-day that we had a false idea of the cause of diabetes; it has shown us that it is not a physiological symptom, glycæmia or glycosuria, the mechanism of which is perfectly well known to us, that we must attack; it is a more profound cause that we are obliged to seek, and always by the aid of the investigations of experimental physiology. For it must be remembered, that what we already know about diabetes we have learnt through physiology, and it is still through physiology that we shall accomplish all that remains for us to do.”

At a meeting of the Clinical Society of London (*Lancet*, Dec. 6, 1873), Dr. GEORGE JOHNSON read a paper on cases of *Temporary Albuminuria the Result of Cold Bathing*.—The first case was that of a medical student aged twenty-two, who, about noon on the 19th of June, after bathing for a quarter of an hour in the Marylebone Bath, had a sense of fatigue and headache. Four hours after the bath, the urine was tested, and found albuminous. In the evening there was still a trace of albumen. The next day the urine was normal, and continued so until June 28th, when he again bathed. The bath was again followed by headache, and in the course of the day the urine was found

albuminous. From that date until July 17th every specimen of urine passed was tested, and albumen was present at some period of the day on all but five days. Since July 17th the urine has remained normal. The subject of these observations is in good health, and has never been seriously ill. The second case was that of a medical student aged twenty-five, who one day in July bathed in the Lambeth Bath for an hour. He felt no inconvenience. The urine passed an hour after the bath contained a sixth of albumen. The urine was not tested again for three or four days, when it was found normal. The experiment has not been repeated. The third case was that of a medical student aged twenty-three, who on three occasions found his urine normal before bathing in the sea in August and September; on each occasion, after remaining in the water from a quarter to half an hour, he found a moderate quantity of albumen in the urine. In a few hours this had disappeared. He felt no inconvenience from the bathing. Four other students, after bathing from half an hour to an hour, and on one occasion for an hour and a half, found no albumen in the urine. In Case 4, a boy aged sixteen, looking pale and feeling languid, was found to have albumen in the urine to the extent of one-eighth on June 28th. It was of pale colour, and contained no casts. On September 23rd, when next seen, only a trace of albumen remained. On October 23rd the urine was quite normal. Until within a few days of the time when the albuminuria was first discovered, he had been bathing almost daily in the sea from half to three-quarters of an hour at a time. He had felt fatigue and chilled, and on one occasion had vomited after coming out of the water. The only previous illness had been diphtheria ten years before. The transient albuminuria is believed to have been caused by the repeated and prolonged immersion in cold water; and it is suggested that, as acute Bright's disease is not unfrequently excited by exposure to cold and wet, there is danger lest the frequent recurrence of temporary albuminuria, the result of prolonged cold bathing, and the consequent repression of the cutaneous secretion, may lead to permanent mischief and to structural degeneration of the kidney.

The following (*Med. Rec.*, Nov. 20th) is of interest in regard to the action of *Sulphur*, in chest affections:—

“*Bouyer on Sulphur Inhalations in the Winter Season at Amélie-les-Bains.*—Dr. Bouyer (*Gazette des Hôpitaux*, Nov. 8, 1873) has lately written an interesting article on the use of inhalations at Amélie-les-Bains.

“Situated most picturesquely in the Eastern Pyrenees, about 700 feet above the level of the sea, in a healthy and sheltered situation, it is the only spot in Europe where mineral waters can

be employed for inhalation in the winter. Under these circumstances, Amélie-les-Bains deserves to be better known by the profession in this country. Its waters owe their efficacy to the sulphurets and sulphates, the temperature of the different springs varying between 100° and 150° Fahr. 'The actions of the inhalations are,' Dr. Bouyer remarks, 'primitive and secondary.'

"The primitive effects are perceived after a few minutes have been spent in the inhaling-room. The patients experience a sensation of comfort, which is accompanied by a greater facility in respiration, and a diminution in the frequency and the dryness of the cough. At the same time the skin becomes slightly moist, and a notable diminution in the frequency and intensity of the pulse is observed.

"If the visit be prolonged beyond a certain time, the sedative phenomena are replaced by those of excitation, which become evident through acceleration of the respiration and the circulation, heaviness in the head, turgescence of the face, cephalalgia, fits of dry coughing, and sometimes thoracic pains.

"The succession of these phenomena is especially observed in asthmatic people, and with them it is better to curtail the duration of the inhalation.

"The secondary effects of the inhalations are as follows. After several visits the cough diminishes in frequency, and is no longer accompanied by a feeling of dryness and inconvenient pricking in the pharynx or the upper part of the trachea. The expectoration becomes easier and more abundant, the sputa become more fluid and changed in character; at first muco-purulent, they become mucous, then sero-mucous, and then progressively less in quantity; the thoracic pains diminish in intensity, and respiration tends to assume its normal rhythm.

"This double action of the inhalations must be attributed partly to the sulphuretted hydrogen, and partly to the steam. On commencing to use inhalations, some patients experience the symptoms of excitation in a very marked degree, and such people should commence with the weak inhalations in the Roman gallery.

"There are a few cases in which these troublesome symptoms persist, and in which inhalations are altogether contra-indicated. They ought never to be used in affections of the heart or circulatory system, nor in senile catarrh complicated with general emphysema, nor in recrudescent inflammation of the bronchial tubes or lungs, nor when the affection of the respiratory passages is complicated by a neuropathic condition associated with a uterine affection.

"The following affections are most favourable for treatment: dry laryngeal catarrh, granular pharyngitis, chronic bronchitis

associated with herpetism or arthritis, simple bronchitis, asthma, and chronic congestion of the lungs.

"In phthisis, inhalations are useful in soothing the cough and in diminishing the bronchial hypersecretion which often excites the caseous and tubercular foci; but it is in long-standing disease, where the recent accidents of the attack have passed away, and in the torpid and scrofulous forms of phthisis, that the best results are seen.

"In acute phthisis, or where there is a tendency to nervous erethism or hæmoptysis, inhalations must be forbidden. Fever does not constitute an absolute contra-indication for inhalations; when the fever is slight and irregular and does not appear to be dependent on inflammation of the lungs, good results are often obtained. When, however, fever is associated with hectic, or is due to softening of pneumonic products, inhalations must be prohibited; and the same rule holds good when the persistence and the intensity of the fever do not correspond with the local disorders, because, in these cases, the rapid development of miliary tubercle must always be feared." D. D. B.

EXTRACTS FROM FOREIGN MEDICAL LITERATURE.

Chelidonium in Diabetes mellitus.—The *Allgem. Hom. Ztg.*, quoting from the *Bulletin de la Société Med. Hom. de France*, gives the following case treated in the Hôpital St. Jacques.

Alexis F., æt. 31, of intemperate habits and appearance, complains that for three weeks he has been losing flesh and strength. A jaundiced appearance of the face, coupled with his previous indulgence in spirits, at once directed attention to the liver; this was found on examination to be enlarged to the extent of four inches below the right hypochondrium. The weakness, and more especially the flabby appearance of the face, suggested an examination of the urine. This when tested with Fehling's solution shewed the presence of an enormous quantity of sugar. The patient was then ordered (July 24) *chelidonium majus* ϕ , $m \times$ for a dose. This medicine was persevered with for three weeks, during which time the jaundiced appearance and the puffiness of the face rapidly decreased. The margin of the liver also began to recede slightly. The patient still complained, however, of intense thirst and hunger, and no diminution was noticed in the quantity of sugar excreted. The medicine was repeated. During the ensuing four days the liver continued to diminish in size. The other symptoms remained in *statu quo*. Rep. med.

Aug. 19th. Severe diarrhœa came on, with cramps in the calves; this was removed by *veratrum* 3; and an amount of

tenesmus which remained, with *capsicum* 3. The diarrhoea was evidently a "critical" one, for immediately after its occurrence the enlargement of the liver, and the daily excretion of sugar commenced to diminish, whilst the patient's strength began to return. Discontinue *chelidonium*.

24th. The *chelidonium* was resumed; all the symptoms disappearing.

26th. Severe itching of the skin, with an eruption of freckles, and anuria. *Digitalis* 3 soon removed all these.

30th. Resumed *chelidonium*.

Sept. 2nd. All traces of sugar had disappeared from the urine, and the liver extends only very slightly below the margin of the hypochondrium.

Carbolic Acid in Diabetes.—Drs. EBSTEIN and MÜLLER (*Berliner klin. Wochensch.*, Dec. 8th), report two cases of glycosuria successfully treated by means of carbolic acid. The first case was one of five month's standing, and when the treatment was commenced, the patient was voiding 12 pints of urine daily, of a sp. gr. of 1.082, and containing 2.86 per cent of sugar. Five grains of carbolic acid in dilute solution (1 in 300) were prescribed daily in divided doses. At the end of six days the sp. gr. of the urine had fallen to 1.013 and the sugar had disappeared. The thirst was much less, and he was not obliged to get up to make water in the night. On discontinuing the use of the acid the sugar reappeared. He resumed its use for a month, and then finally left it off; the urine passed in 24 hours, being now only 30½ ounces, and without any trace of sugar. He had meanwhile gained about 20 lbs. in weight. A slight relapse at the end of three months was cured by a three days' course of the same treatment. The food was throughout of a mixed character. In the second case the daily excretion of sugar was less, but the symptoms persistently returned whenever the treatment was discontinued. The patient, therefore, continues to take the acid, with the effect of keeping the quantity of sugar down to a mere trace. The formula used by the authors is :—

Rx. Ac carbol. 1 gramme,
Aq. menth. pip. 50 grammes,
Aquae dest, 250 do.

a tablespoonful to be taken six or seven times daily.

Tepid Baths in Phthisis.—SOUPLET (*Arch. Gén. de Méd.* 1873, p. 549), has lately tested the effect of baths having a temperature 3° C. below that of the patient; allowing the patient to remain in this from 20 to 45 minutes. He finds that the baths lower the pulse and temperature, repress the night sweats, increase the appetite, and diminish materially the nervous irritability of phthisical patients.

Chloral as an Antiseptic.—M. PERSONNE (*Gaz. Heb.*, Feb., 97)

has lately demonstrated to the members of the Academy that *chloral* combines with protein matters to form an imputrescible compound having apparently a definite formula. The formula of albumen, as given by Lieberkühn, being $C_{144} H_{114} N_{18} O_{22} S$, the new compound has the composition $C_{144} H_{114} N_{18} O_{22} S (C_4 H Cl_3 O_2)$; it therefore contains 17.36 per cent. of *chloral*. Muscular fibre forms a remarkably stable compound with *chloral*. M. Personne has made use of these facts in the preservation of anatomical preparations, embalmment of animals, &c. A ten per cent. solution of *chloral* forms an admirable medium for preserving nerve tissue; (sections of brain, &c.) A rabbit, injected by M. Personne with the same solution, and then left in a warm room, became perfectly dessicated (mummified) without exhibiting any symptoms of putrefaction. M. Personne's experiments naturally suggest the employment of *chloral* as an antiseptic dressing to wounds and ulcers.

Physiological Action of the Salts of Silver.—Dr. Ch. ROUGET (*Arch. de Physiologie*, 1873, p. 333) has been prosecuting a series of experiments upon the action of nitrate of silver, and of *silver-sodium hyposulphite*, when absorbed into the system; the animals experimented upon ranging from *insects* and *crustacea* to the higher forms of *vertebrata*. In the case of the lowest forms of animals the action of the silver-salts was obtained by placing the animals in a bath of the salts for about an hour; with the higher animals (birds, dogs, rabbits, &c.), subcutaneous injection was employed. The most marked and most constant action of the poison was upon the respiration, which in all the animals became weak and irregular, and in dogs finally became asthmatic, with copious serous exudation from the bronchial tubes, until death finally took place from cedema of the lungs; but in all cases the respiration stood still long before the circulation was checked; the latter function shewed but little modification. Independently of the affection of the respiratory organs, there were considerable disturbances of motility; all the animals became more or less convulsed, and dogs, rabbits, and cats shewed tonic spasms, preceded by a greater or less degree of laxity of the muscles. In the lower forms of animals cadaveric rigidity set in even before death had actually taken place. Sensation was not affected in the lower animals, and in the higher only when asphyxia commenced.

J. G. B.

NOTABILIA.

THE ROYAL INFIRMARY, LIVERPOOL.

ONE of the surgeoncies to this institution was recently rendered vacant by the resignation of Mr. STUBBS. Mr. HARRISON, the assistant-surgeon, and Dr. HAYWARD, were candidates for the

post. The election was determined by ballot, and resulted in the appointment of Mr. Harrison by a large majority.

The candidature of our friend Dr. Hayward is a matter of considerable interest and importance. That he should have failed in securing the post he sought against so formidable an opponent, as a gentleman who had served the hospital for eight years as an assistant-surgeon, is in no way astonishing. Had Dr. Hayward been preferred before Mr. Harrison, the preference might quite legitimately have been construed into a stigma upon the manner in which that gentleman had performed the duties of the junior office. Such a reflection would, we doubt not, have been unjust, and many of the subscribers who would gladly have seen a surgeon who practised medicine homœopathically attached to their institution, would still have been unwilling to gratify their desires at the expense of the reputation of one who had already fairly done his duty to them in a subordinate position. Hence we fail to see in the large majority by which Mr. Harrison was elected, any justification for the suggestion of the *Liverpool Daily Courier*, that the voting may be said to "indicate public opinion on the rival systems of medicine." We are fully convinced that it indicates nothing of the kind, but simply that a desire to do nothing which should appear to cast an unjust reflection upon an old servant of the hospital was stronger than that which prevailed in favour of homœopathy. There is nothing very marvellous in this.

But we are informed that the numbers given were unfairly arrived at, and that a protest has been entered against the election on this ground. Mr. Harrison is said to have obtained 239 votes, while Dr. Hayward's are alleged to have been only 29 in number. Mr. Alderman Livingstone stated that he held 41 proxies for Mr. Harrison, while we are assured that he had in reality only 21. Dr. Hayward is said to have had only 29 votes, whereas he had a far greater number of absolute promises of support, to say nothing of those who stood unpledged to either candidate. Further irregularities of a very serious and important character were, it appears, perpetrated in taking the ballot, amply sufficient to render the election null and void. For these there can be now no excuse, as the process of balloting for a candidate has been thoroughly studied, and a very clear and reliable method has been described by an Act of Parliament.

The *Lancet* and *British Medical Journal* of course uttered these protests against Dr. Hayward's election on the ground of his "professing homœopathy." The former Journal says:—"Possibly if Dr. Hayward's practice were to be investigated, it would not be found to differ very materially from that of more orthodox practitioners; but so long as he professes homœopathy, so long would it be impossible for any of the surgeons of the

Liverpool Infirmary to act with him." Who, we should like to know, is an "orthodox practitioner"? What is "orthodoxy" in medicine? We had thought that the very notion of there being anything either "orthodox" or "heterodox" in medicine had disappeared *in toto*. Some seven years ago Dr. W. T. Gairdner, the professor of Clinical Medicine in Glasgow, publicly repudiated the existence of orthodoxy or heterodoxy in medicine. "It is," said Professor Gairdner, "no longer possible to condemn a man even by implication for having ceased to believe what our fathers believed; but it is extremely difficult to state in general terms what we believe ourselves, and still more difficult to forecast the future, and to lay the foundations of the faith of our successors." In another part of the same address he says:—"there is no opinion so modern or so eccentric that the wise and skilled physician must perforce reject it." The phrase "orthodox," when used to describe a medical practitioner, is not only absurd, but calculated to create an unfair impression as to the relative professional positions of medical men who acknowledge homœopathy to be true, and of those who profess to deny its reality. The editor of the *Lancet* suggests that if Dr. Hayward's practice were investigated, it would not be found to differ very materially from that of others who the *Lancet* delights, however disengenuously, to describe as "more orthodox." Not knowing anything about the practice of the "more orthodox," we are not in a position to dispute the opinion expressed. But we should not be surprised to find that there was a considerable amount of truth in it. So rapidly are the therapeutic facts developed by homœopathy being absorbed, and made daily use of by those who deny the truth of the principle which brought them to light, that it is probable enough that the "more orthodox practitioners" practise homœopathically every day to a very much greater extent than they would find it convenient to admit. Dr. Hughes's *Pharmacodynamics*, Dr. Sidney Ringer's *Manual of Therapeutics*, and more lately, Dr. Burness's *Specific Action of Drugs*, have been largely read by all members of the profession, while each and all are indebted for every truth they contain to a study of homœopathy. The chief difference being "that while Dr. Hughes acknowledges the source of his information, the other two as studiously conceal theirs. Such being the case, it is probable that were the practice of Dr. Hayward compared with that of the "more orthodox," the material difference would be found in the fact that Dr. Hayward admits that homœopathy is true, that it is a great source of wealth to the physician, while the "more orthodox" deny that homœopathy is true, but practise homœopathically to a very large extent, nevertheless. The great sin of medical men who practise homœopathy, according to the *Lancet*, is openly professing that they do what they do. According to this great authority on medical ethics,

ars celare artem is the foundation both of professional orthodoxy and of medical success in the selection of remedies.

From one point of view Dr. Hayward's candidature for a professional office is of considerable importance. It is a public protest against the monopoly of such appointments being held by a medical sect. Fitness for the post of physician or surgeon is not capable of being gauged simply by the extent of a candidate's want of faith in the value of medicines prescribed homœopathically. Every practitioner in this country who is at all abreast of the therapeutic art of our day treats his patients homœopathically in some instances. The question at issue now is narrowed to the extent to which disease admits of being treated homœopathically. Those who admit that homœopathy is true are, by being excluded from medical societies and from contributing to the more generally read medical periodicals, denied the opportunity of giving evidence of their fitness for offices of this kind in the usual way. Their success in private practice and at special institutions is therefore the only guide that the governors of a hospital can avail themselves of ascertaining their capacity for public work. Those then who feel their competency, and whose professional careers warrant this feeling, ought on every occasion to offer themselves for office in our public hospitals. To those who endeavour to break down this barrier, raised only by prejudice and ignorance, we have much reason to be indebted. We trust that Dr. Hayward will not feel discouraged by the result of his endeavour to obtain a place on the staff of the Liverpool Infirmary. We hope that whenever an opportunity occurs of his presenting himself as a candidate for a surgeoncy at one of the medical charities of Liverpool, he will at once apply for it. We know full well that he is thoroughly qualified as a surgeon to fill such a post with credit to himself, advantage to the patients, and satisfaction to the subscribers. The threats of resignation made by members of the staff on any Liverpool hospital are futile. There are in that town physicians and surgeons, both homœopathic and non-homœopathic, who are fully competent and quite ready to take the places of any who should in this manner presume to dictate to the subscribers as to which candidate they should *not* elect to serve them. We only regret that the assistant surgeoncy at the Liverpool Infirmary is an office over which the governors have no control. The appointment is it seems made by the committee, who select a candidate from their own friends. It follows that if a junior candidate appointed by the committee does his duty fairly well, that the body of governors have, on the more responsible office becoming vacant, hardly any option but to appoint him to it. Practically, therefore, the appointments to the Liverpool Infirmary are entirely in the hands of the committee!

THE THERAPEUTICS OF THE PAST.

IN the fifth of a series of papers, entitled *Clinical Reminiscences*, recently published in the *Medical Times and Gazette*, by Dr. BLAKISTON, a retired physician formerly in practice at Birmingham, and for many years attached to the General Hospital of that town, we have the following interesting account of the methods of dealing with disease which may be said to have been universally prevalent forty or fifty years ago. He says that while there were favourite formulæ for the cure of certain diseases which seem to have been regarded as specifics, there cropped up amid this chaotic mass of empiricism indications of certain *systems* of treatment, more especially those in which *alteratives*, *purgatives*, and *venesection* took the lead.

“ That which I have styled the *alterative* treatment had not long before been introduced by Abernethy, who, considering that the unhealthiness of wounds and ulcers, and their tardiness in healing, depended on an impure state of the blood, in its turn arising mainly from sluggish action of the liver, endeavoured to promote its livelier action by alterative doses of blue pill, followed by mild purgatives, and continued for some time. . . .

“ *Purgative* treatment was carried to an enormous extent by some medical men at the time I am speaking of. I remember both a hospital and a dispensary in each of which was kept a large cask of a solution of senna, salts, and ginger for Dr. A's and Dr. B's patient's respectively, which the house-surgeon told me had to be very frequently refilled, as its contents were invariably prescribed for nine-tenths of their patients ; and doubtless they could have brought forward numerous instances where gross feeders and persons of sedentary habits, with a tendency to internal venous congestion, more especially of the vessels of the brain or liver, were greatly relieved by this treatment. Here is a case which occurred in my own practice some years ago, and which astonished no one more than myself :—A Liverpool merchant, who had been harassed with a distressing cough and shortness of breath for about three years, and had taken every kind of medicine supposed to be suitable for such a case, was sent to the south coast to see what effect its climate might have upon him. He was rather beyond middle age, short, and very fat. His chest, on careful examination, exhibited no physical signs of disease except some slight cooing sounds. His abdomen was very large, and loaded with fat, but beyond this there was an unusual solidity about it, and it felt like a huge mass of dough, giving the impression that it was loaded with faecal matter. It encroached on the lungs to such an extent that their capacity for air was sensibly diminished. I therefore determined, if possible, thoroughly to unload, in fact to empty, the intestinal canal. So I prescribed an heroic dose of scam-

mony, aloes, guaiacum, and ammonia. The effect was astonishing: an enormous conical pan of an old-fashioned night-stool being filled to the top with semi-solid pultaceous fæces. I dare not guess the weight. In ten days' time the dose was repeated, and it brought away about one-fourth part of the quantity evacuated on the former occasion. No more medicine of any kind was given; but he was placed on a simple and rational diet, very different to what he had been accustomed to. In the course of six weeks he lost four stone weight, his cough disappeared, his breathing became much less oppressed, and he returned home in good health and spirits. Between three and four years afterwards he turned up again, and, being on a little tour for change of air, came out of his way to show himself to me. He had never had a medical man in his house since I last saw him, nor any return of his cough.

"This was of course a very exceptional case; still, I fully admit that there are very many cases in which a brisk purge produces the most beneficial effects. But what shall we say of the cases which were of an asthenic character, such as form the majority amongst hospital and dispensary patients, and yet were large partakers of the contents of the 'black cask?' I distinctly remember the case of a patient whose bowels became sluggish whilst recovering from an attack of enteric fever; he was ordered a black draught, and died on the night-stool. I have certainly seen, too, more than one case of albuminous dropsy, the pathology of which was unknown in those days, in which serous effusion on the brain, and death, rapidly followed the exhibition of a strong cathartic. But time would fail me were I to attempt to record the numerous instances in which fatal consequences followed this haphazard practice employed in the vain endeavour to eliminate disease from the body.

"*Venesection* was often carried to a great extent, and entered more or less largely into the practice of all medical men of that day. It was almost always employed in *pregnancy*, *inflammations* of every kind and of every organ, *before important operations*, *after serious accidents*, and in *hæmoptysis* and *apoplexy*. Besides this, there was a certain number of persons who of their own accord, or by the advice of their medical attendant, were bled every spring or autumn, more particularly in the former season. When I was acting as a dresser at Addenbrooke's Hospital, I have been employed for hours in bleeding such persons, many of whom came from the fen country; and I shall never forget the *satis longitudine* of the house-surgeon at my elbow when quite a beginner.

"It was the custom of many practitioners to bleed in some cases four or five times during *pregnancy*, more especially in Scotland, and not only so, but after confinement women were kept for many days upon gruel, tea, and similar slops, with the

object of preventing inflammatory attacks. From what I have since seen, it is my firm belief that the health of numberless women, from the lowest to the highest rank of life, was seriously injured by this practice.

"With the same object in view, it was the custom of some surgeons in our large hospitals to bleed their patients *before performing an important operation*. I have repeatedly seen delicate strumous patients who were about to lose an arm or a leg thus bled; and I have also seen them some time afterwards succumb to an attack of a decidedly asthenic character. More about this may be learned by referring to a paper of mine published some years ago in the *Medical Gazette*, where it was shown that chest diseases occurring after serious operations or accidents were of an asthenic character.

"So, again, venesection was often performed immediately *after an accident*, and I have even seen it practised after a large quantity of blood had already escaped from the wound caused by the accident.

"Many practitioners at that time, and for many years afterwards, if not up to the present time, bled in *hæmoptysis*, and I have had sometimes great difficulty in preventing it.

"So also in *apoplexy*, by some, bleeding was invariably practised, whatever might have been the appearance of the patient, and whatever may have been the state of the circulation, as indicated by the pulse or the heart's action and sound. Early in my practice I once caused an old woman to be bled: she rapidly sank, and her death has been upon my conscience ever since; for her heart was in a state of fatty degeneration, and there was a moderate-sized clot in the brain, caused by oozing from an atheromatous artery. This was doubtless done in the belief that the mischief was caused by a too large and powerful stream of *arterial* blood forced into the vessels of the lungs and the brain, and not, as is now well known, by the bursting of a diseased artery, or the congestion of *venous* blood. So that when blood had been poured out from a ruptured artery, and a clot had been formed, the strength required by the patient to insure its absorption was greatly diminished by the abstraction of blood.

"In *inflammation* venesection was invariably practised. The extent to which it was carried, not only in inflammation, but also in cases of aortic aneurism and hypertrophy of the heart, may be gathered from the works of Bouillaud and other French writers, although in this country possibly it was not pushed so far. I have often, however, seen it carried to a very great extent in cases of pleuritis and pneumonia; indeed, I once heard it said that a patient who had been bled several times in pleuritis had died because he had not been bled sufficiently. How much of this was owing to the word inflammation (derived

from *flamma*, a flame) it might be difficult to determine. Once regarded as a burning flame consuming the body, which it was necessary to subdue by bleeding, starving, and cooling, it would matter little whether it was sthenic or asthenic, or whether it occurred in persons of robust vigorous constitution, or in those of weakly frame, debilitated by various causes, in one and all venesection was employed till the inflammation was supposed to be subdued; in many cases, in fact, till the patient died. In a case of puerperal peritonitis, when the woman had been reduced to a very weak state by a difficult and protracted labour. I have seen a large blister applied over the abdomen and dressed with mercurial ointment, whilst sixty or seventy leeches were placed as a fringe around it. How many hours the patient survived the treatment I do not remember. A young woman, an in-patient of a hospital about forty years ago, was labouring under an attack of simple uncomplicated pneumonia; she had been thrice bled, and was taking full doses of tartarised antimony. Although very much reduced, she was progressing favourably, when one day, after a visit from her friends which had in some degree excited her, the physician found her with a flushed countenance, quickened pulse, and a slight return of coloured sputa. He forthwith ordered her to be bled to twelve ounces. Within six hours she died.

“It must also be borne in mind that, conjoined with copious venesection in inflammatory diseases, a very low diet was usually prescribed, consisting for the most part of weak tea, barley-water, and gruel, and sometimes the weakest possible broth, so that everything combined to lower the vital force and to weaken the metamorphosis of tissue. The consequence of this would be the formation of a low form of plasma—a kind of typhic deposit, which in some cases might be converted into or become the nidus of tubercular matter, in others might form the basis of chronic articular rheumatism, possibly also giving rise to fibrous nodules in the lungs, and milky patches so often found on the heart.”

THE LATE DR. HIRSCHEL OF DRESDEN.

WE regret to find that in the brief notice of the life of this eminent German physician that appeared in our last number we were unavoidably led into two errors.

1st. We had understood, as we stated (p. 123), that the *Neue Zeitschrift für Homöopathische Klinik* had been discontinued a year or two back. This we are glad to find was a mistake. No interruption has occurred in its publication since its first establishment in 1852. It is now edited by Dr. LEWIS, a nephew of Dr. Hirschel, who has been associated with his uncle as sub-editor for several years. We trust that the journal will continue

under Dr. Lewi's superintendence to maintain the same high character and extensive circulation which it secured while under the management of its founder.

2nd. The *Homœopathic Medical Treasury* is in its *ninth edition*.

LONDON HOMŒOPATHIC HOSPITAL BAZAAR.

A WELL attended meeting of the Committee appointed to carry out the details of the Bazaar, was held at the Hospital on the 17th ult. During the course of this week the day for holding the Bazaar will be determined on. Mr. Chambre explained his proposal for an electric telegraph being exhibited in operation in the Bazaar sale-room. The Fine-art Distribution progresses most satisfactorily. The Board-room of the Hospital was on this occasion decorated with many of the works of art sent in as prizes. The chief picture by HOUSTON is a magnificent work, while many of the smaller ones are of high excellence. The pictures and engravings already presented to this distribution number fifty, and vary in value from £250 to ten shillings. The photograph to be presented to every subscriber was shown, and is a very pleasing and interesting representation of the chief prize. Several additional prizes have been sent in during the last few days. Everything we are happy to be able to state promises well for a brilliant display on this occasion.

SURBITON, KINGSTON, AND NORBITON HOMŒOPATHIC DISPENSARY.

"If every local institution," writes the *Surrey Times*, "had a Dr. Carfrae connected with it, there would be no need of special appeals. The honorary physician to the Homœopathic Dispensary is a good musician, and once a-year he turns his abilities to account for the special benefit of the charity with which his name is associated." The editor then gives in detail a report of a concert given by Dr. Carfrae for the benefit of the Dispensary, which was we are glad to learn "as usual highly successful."

The audience was both large and fashionable, and the programme, which included both vocal and instrumental music, was well selected and admirably performed. Dr. Carfrae himself took part in the performance, and his playing on the violin was of a first class character. We heartily congratulate Dr. Carfrae on so successfully catering for the musical tastes of his neighbours, and for the welfare of the Institution which is already indebted to him for much useful professional service.

MARSTON ORPHAN FUND.

THE following subscriptions in aid of the destitute orphans of the late Dr. MARSTON have, in addition to those mentioned in

our last number, been received by Dr. BRADSHAW of Nottingham. We trust that many more will be forthcoming for so deserving an object.

Dr. Pyburn, Hull	£5	0	0
Dr. Bayes, London	3	3	0

BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will take place at the Hospital, Great Ormond-street, on Thursday evening, the 5th inst., when a paper will be read by Dr. CRAIG, of Scarboro', on *Specific Medication in relation to Surgery*. In this paper Dr. Craig proposes to draw attention to the satisfactory results of surgical treatment when supplemented by homœopathic medication. He will illustrate his thesis by reports of cases of rectal disease, of scirrhus of the breast and of ovarian cysts.

OBITUARY.

DR. THOMAS LEDERER.

THE *Allgemeine Homöopathische Zeitung* gives the following account of this well-known and venerable physician:—

“On the 27th of January, at the ripe age of 86, died Dr. Thomas Lederer, the Nestor of homœopathy in Vienna. For several years he had retired from that active practice which had made him so much sought after and beloved. During a long period he was the confidential medical adviser of the Princess Melanie Metternich. Vigorous in mind and body, even to his latest days, the advanced views of modern science, in so far as they became incorporated in modern literature, found in him an intelligent and sympathetic critic. He devoted much of his energy to philosophical studies, occupying himself more especially with the views of Kant and Schopenhauer. As a writer he has earned no mean reputation and considerable profit by means of his book entitled *Mutter und Kind*. The highly educated physician was a well-known and always welcome personage in the highest circles, and ever left a pleasant impression upon all who came in contact with him. He was the father of the well-known Dr. Camillo Lederer.”

CORRESPONDENCE.

HOMŒOPATHIC PHARMACOPŒIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In reply to my letter, suggesting that in the new edition of the Pharmacopœia the attenuations should be so designated as in all cases to express the proportion of the crude

drug they contain, Dr. Drury makes two objections which he considers insuperable. The first is, that my proposal would involve the abolition of mother tinctures, which would cause great and possibly dangerous confusion. But no such necessity exists in what I advocate. Let the 1x rather be abolished, as having (since some tinctures are made in other proportions than 1 in 10) no invariable existence. The principle is so simple, that it has only to be announced to be universally understood and acted upon. Every one will know that the mother tincture is the strongest available preparation; and that all other attenuations will mean what they express as to their *quantum* of the crude drug.

Dr. Drury's second objection is more serious. I had maintained that the principle of the nomenclature of the attenuations which I advocated obtained in all other countries and in the whole of homœopathic literature up to 1870. Dr. Drury directly contravenes this statement. Upon this point the whole question hinges; as he admits that the thing is abstractly desirable, but objects to it as a "change" which would be a "revolution." If it be no change at all, his objection ceases to have foundation.

Now as regards the general homœopathic usage from the beginning, we may assume that Hahnemann's own instructions have been followed. He recognises four kinds of tincture-making as necessary, according to the nature of the plant. The first is where it is so succulent that its whole juice can be expressed. This is mixed with equal parts of alcohol to form the mother-tincture (*Mat. Med. Pura*, Art. BELLADONNA). The second is where the plant has to be pounded and treated with two-thirds of its weight of alcohol before the juice is expressed (*Mat. Med. Pura*, Art. THUJA). In the third 600 drops (*i.e.*, three times the weight) of alcohol are to be added to a hundred grains of the pounded plant (*Mat. Med. Pura*, Art. SCILLA). The fourth class consists of substances only to be obtained in the dry state. These are to be treated with five times their weight of alcohol (*Mat. Med. Pura*, Art. SPIGELIA).

The result of these processes is as follows. In the first and second kinds of tincture the proportion of the juice is as one in two. In the third it may be roughly estimated as one in six, and in the fourth as one in ten. Now the important point to be observed is that Hahnemann's directions for potentising always proceed upon the proportion of the juice (or its equivalent) estimated to exist in the mother-tincture, so that the first dilution shall truly contain one part in a hundred. Two drops of the matrix of *belladonna*, six drops of that of *scilla*, and ten drops of that of *staphysagria* (*Reine Arzneimittellehre*, V. 291) are to be taken to form with alcohol the $\frac{1}{100}$ potency, as he calls it. I think I am justified in assuming that the nomenclature of the attenuations in all early homœopathic literature is founded upon

these principles. I must ask our chemists whether they have not carried out Hahnemann's directions in this country; and if not, why not? I must still hope that adherence to them was not the peculiar "Brighton use" which Dr. Drury thinks it to have been.

Dr. Drury seems to argue that because the "dry, crude, vegetable matter" is substituted for the juice as the zero, Hahnemann's practice is no precedent for us. I cannot see this. We have a better zero, indeed; but let us keep to it as consistently as Hahnemann did to his in naming our attenuations.

I am, Gentlemen, faithfully yours,

RICHARD HUGHES.

NOTICES TO CORRESPONDENTS.

°° We cannot undertake to return rejected manuscripts.

Letters from Dr. HAYLE, Rochdale, and Mr. FREEMAN, Cardiff, are in type.

Communications, &c., have been received from Dr. DRURY and Mr. TRUEMAN, London; Mr. HARMAR SMITH, Blackheath; Rev. T. DAVIES, High Wycombe; Dr. SHULDHAM, Maidstone; Dr. W. B. A. SCOTT, Tunbridge Wells; Dr. DRYSDALE, Dr. HAYWARD, and Dr. SIMPSON, Liverpool; Mr. FREEMAN, Cardiff; Dr. R. HUGHES, Brighton; Dr. BRADSHAW, Nottingham; Dr. LEWI, Dresden, &c.

BOOKS AND PERIODICALS RECEIVED.

A Repertory or Systematic Arrangement of the Homœopathic Materia Medica. Part VI., containing Stools and Rectum. By HERBERT NANKIVELL. London: Turner & Co., 77, Fleet-street, E.C.

[A critical essay upon the method pursued in this Repertory, and on the part just issued, will appear in our next number, by Dr. Simpson, of Waterloo, near Liverpool.]

A Memorial of David James, M.D. Philadelphia.

The Homœopathic World, February. London: Jarrold & Son.

The Chemist and Druggist, February. London.

The Medium and Daybreak, Jan. 23, 1874. London.

The Medical Investigator, January. Chicago.

The American Observer, January. Detroit.

The Am. Jour. of Hom. Mat. Med., January 1874. Philadelphia.

Bibliothèque Homœopathique, January 1874. Paris.

Bulletin Soc. Méd. Hom. de France, Dec. 1873 & Jan. 1874. Paris.

Internationale Hom. Presse, Bd. IV. Hft. 2. Leipsic.

Allgemeine Hom. Zeitung, February. Leipsic.

El Criterio Médico, January and February 1874. Madrid.

Rivista Omiopatica, January 1874. Rome.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E., or to Dr. H. NANKIVELL, Penmellyn, Bournemouth. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

SIMILIA AND CONTRARIA.

ONE of the stronger arguments in favour of homœopathy, as distinguished from allopathy or enantiopathy, is that the enantiopathic relation of drugs and diseases can be applicable only in a certain number of cases—such, for instance, as when we give astringents in diarrhœa, or diuretics in suppression of urine; whereas the homœopathic relationship of drugs and diseases is limited by the absolute pathogenetic power of our drugs alone.

The *British Journal of Homœopathy*—we quote from pp. 756 and 757 of its number for October last—sets the matter concisely before us in the following way: “It is one of our most telling arguments against the enantiopathic method, that it is only workable within a certain narrow sphere. What is the opposite of gout in the toe, of prosopalgia, of waterbrash, of a thousand other morbid conditions? They have no contraries; and the method fails when brought against them.”

It is well for us to sift every argument which is adduced for the support of our cause; and this one, happy as it strikes us to be at first sight, should form no exception to such a rule. What is waterbrash but a sudden flow of the secretion of the salivary and faucial glands into the mouth and throat, accompanied by nausea, and generally followed by vomiting? Potentially these symptoms are caused by a certain condition of the pneumogastric nerve,

and other nerves in relation to it. Is there no contrary to that condition, in which the secretion of these glands will be rather less than usual, the cardiac orifice of the stomach more firmly contracted than usual, the normal direction of gastric movements rather more intensified, and the abdominal walls relaxed rather than spasmodically contracted? What is prosopalgia but a change in the condition of the ganglion at the root of the painful nerve, or it may be, a change in the trunk-tissue of such nerve? And the opposite to these conditions is surely a most conceivable state, although of course the opposite to a pain is scarcely conceivable; anæsthesia probably being the opposite to tenderness, and not to pain. What is gout in the toe—practically, at least—but dilatation of the capillaries, stagnation of the circulation, effusion of serum, and so on? Would not contraction of the capillaries and rapidity of the circulation be a true opposite to this condition?

The *British Journal* continues its argument against enantiopathic treatment, or against the theory of the enantiopathic action of small doses of homœopathically chosen remedies, thus:—

“We can only apply that hypothesis in simple functional derangement of simply plus and minus character. Quick and slow pulse, contracted and dilated arteries, hurried and retarded respiration are contraries, and the fact of the primary and secondary action of some medicines in these spheres may be brought to bear upon them. But beyond these there lies a large field of practice in which the derangement is qualitative, or the alteration organic; and here no opposite action of differing doses will avail us.”

No doubt the whole argument does hang on these points; but are they so sure as our contemporary would have them to be? We have just seen that there is quite a conceivable opposite to waterbrash, to prosopalgia, or even to one at least of the elementary morbid conditions which go towards making up “gout in the toe.” It will

be readily acknowledged that diarrhœa may have its opposite in constipation, though they are far from being necessarily opposite conditions; or that diuresis may have its opposite in arrest of the renal function, though not always or necessarily so. But it is equally true that pneumonia has its opposite; that is to say, that the condition of the capillary system of the lung in the first stage of pneumonia has undoubtedly its true opposite, and so has the condition of those capillaries which may still be permeable and under nervous influence, both in and around the diseased portion of lung. "Qualitative derangements" and "organic alterations," the more we know of them, will reduce themselves to a plus or minus condition of the vessels which convey pabulum to the parts in question, to the nerves which regulate the actual nutrition of these parts, and consequently to the especial irritability or deficiency of irritability in the cells of the parts.

The concluding sentences of the paragraph from which we have quoted run thus:—

"*Arsenic* in large doses causes scaly exanthemata. What is the opposite effect of small doses by which we are to cure them? *Phosphorus* in poisonous quantities sets up fatty degeneration of the liver,—what will it do in the first dilution of a contrary nature to this process?"

These perhaps are tougher questions than those which we have already touched upon; we may possibly approach the exact tissue changes which constitute a psoriasis, but who shall decide exactly the alteration and the cause and process of alteration which obtains in fatty degeneration of the liver? But of this at least we may be certain, that if there is a way to health back from these morbid states, that way must be directly contrary to the direction of the tissues when they first entered on their morbid condition. And if so, is it opposed to reason and fact, or rather, is it not analogous to both, to expect that that contrary action may be continued back past the health-line into an oppo-

sing though infinitely less marked morbid state, under the influence of curative or "restorative" doses of a drug.

Belladonna in pathogenetic doses dilates the pupil, in very small doses it contracts the pupil; and in these same doses it will contract to its normal dimension an already dilated pupil. *Secale* in large doses will excite a uterus to contract, in very small doses it will (probably) have an opposite effect, that is, will slightly relax the fibres of a uterus, and in these small doses we know that it will prevent those morbid contractions which are often the cause of miscarriage. *Arsenic* in large doses will irritate a cuticle, and cause the epithelial cells to take on a scaly formation; in very small doses we believe that it produces an opposite effect to this: for we find that when we give it in psoriasis its effect is to diminish the irritation, and to modify the development of the epithelial cells towards health.

It is not really the fact that the actions of drugs are completely altered by the existence of health or disease. *Colocynth* in massive doses purges the healthy man, and if given to a patient suffering from diarrhœa and colic will aggravate his symptoms in a most painful manner; but give *colocynth* in small doses to a man suffering from diarrhœa and colic, and you contract the dilated capillaries of the intestine, you reduce the hyper-secretion of the glands, and the over-activity of the muscular coat of the bowel; and, if so, is it not rational at least to suppose that the same small dose will have a similar, though necessarily not so marked, or so easily detectible an effect on the healthy intestine.

If this is the real state of the case we must, of course, re-consider the weight of the argument against the enantio-pathic method: "That it is only workable in a certain narrow sphere." If there is, as we have maintained, a true opposite in the very nature of things to every morbid condition, though the true opposite may be not very discoverable, or, indeed, something quite different from the

apparent opposite, and if the curative action of medicines lie in their power to oppose truly and completely the diseased condition, we may for a moment at least enquire what about homœopathy? Is this at length seen to be a fantasy and not a therapeutic law? What place in the science of healing shall we assign to it?

A little consideration will show us that we need have no fears for the doctrine of similars. We have to recognise diseased conditions by their symptoms however obtained, whether subjective or objective. Of the absolute line by which departure from health has taken place, and therefore of the exact track by which return to health must occur, we are all but ignorant of, probably always shall be ignorant of. But even were we to become aware of this point, scientifically and completely so, our search for the suitable remedy would only then commence. The true primary actions of drugs, while of the utmost value in a therapeutic point of view, are from their very nature almost indeterminable by direct experiment. True, it was found out the other day by this method that *belladonna* in very small doses contracted the iris, but this fact had been known to us homœopaths in a therapeutic way for two-thirds of a century; and therefore it would be possible now to cure an iris, dilated by paralysis of the ends of the third nerve, in a truly enantiopathic way, *i.e.*, by the same dose and by the same medicine with which three months ago we treated it homœopathically.

For the present—probably for all time—we shall recognise drug power on the human system simply through its truly secondary effects; these correspond with the symptoms of natural diseases. As surely as we then get a similarity established between the symptoms of a drug and the symptoms of a disease, so sure may we be that the true primary effect of the drug in question is parallel to, if not identical with, the line of cure of the disease symptoms, *i.e.*, it stands in true and direct opposition, it is the enantiopathic remedy, to the morbid state in question.

The law of similars applied to the disease symptoms and the drug-selection indicates without fail the true *contraria* (in its primary and therapeutic action) to such symptoms. The symptoms of a disease show to our minds the amount and direction of departure of a body from health: the pathogenesis of a remedy assures us that its primary and therapeutic action is in a direction from certain given symptoms back to health: the homœopathicity of the symptoms ensures to us the true therapeutic enantiopathicity of the drug to the disease.

In these days of therapeutic plagiarism, of the gradual infection of the allopathic mind with our drug treatment, and the absolute want of candour which becomes more apparent in every therapeutic production of the allopathic press, it is well to go once and again over our own grounds of faith, to clear away all avoidable difficulties, to explain as far as it is explicable our *ratio medendi*; and above all to show that the doctrine of Similars is the only means whereby the practice of Contraries can be faithfully and scientifically developed in medicine.

WHAT IS ANTIPATHY?

By WILLIAM SHARP, M.D., F.R.S.

“Errors, like straws, upon the surface flow;
He who would search for pearls must dive below!”
DRYDEN.

THE word Antipathy, ἀντιπάθεια, ἀντι πάθος, is here used in its medical meaning—against or contrary to disease, a remedy for a morbid state, a cure for sickness. It has been much used in a moral sense. Johnson defines it as “a natural contrariety to any thing, so as to shun it involuntarily.”

In consequence of this use of the word, some writers have introduced another word, also of Greek derivation—enantiopathy; but the old word, in its old meaning, is to be preferred.

The antipathic maxim is expressed in the words:—

“*Contraria contrariis curantur.*”

There is no counterfeit without a genuine original. There is no misrepresentation or perversion which has not in it some truth which it misrepresents or perverts.

It is good to detect and discard counterfeits, and to preserve only what is genuine. It is still better to get rid of misrepresentations and perversions, and to hold fast truth only.

Let us see if it is possible to discover the truth which ought to be expressed by this venerable aphorism—*contrariis curantur*. To find it will be a great privilege. To hand it down to future generations will be a great honour.

In order to this, the first duty is to examine all former meanings put upon this maxim ; so that, if not true, they may be acknowledged as errors, and be allowed to float away like straws upon the surface, until they are forgotten.

This duty done, the next is to dive for the pearl, and, if God permit, to bring it up to light.

What, then, is Antipathy ?

1. Antipathy is not a *partner with homœopathy*. Hippocrates gave up the difficult search after the curative action of medicines in despair, and satisfied himself by owning that sometimes contraries and sometimes similars cured. Giving up the search is not finding the pearl. Under such circumstances the treatment of diseases can only be empirical. Art without science, experience without reason, cannot build the temple of medicine.

2. Antipathy is not *hot against cold and dry against moist*. Galen, instead of despairing like Hippocrates, thought that he had entirely succeeded, and the world thought so too, for fifteen hundred years. During this long time men were so contented with this straw upon the surface that no one dreamed of diving for the pearl. It turned out a mistake. The doctrine was hypothesis, not fact. The straw has floated away and is forgotten.

3. Antipathy does not consist in the use of *antiphlogistics*. In modern times phlogosis, phlegmon, the phlogistics of chemists, and the antiphlogistics of physicians, have governed in medicine. In almost every disease there was supposed to be inflammation or fever ; the body was burning, the blood was boiling ; and, of course, medical treatment must avail itself of the contraries of

these. The climax was attained by Broussais in France and Clutterbuck in England. The former attributed all ailments to a phlegmasie of the mucous membrane, to gastrite and enterite, and the latter to inflammation of the brain. Bleeding, purging, and mercury were the acknowledged contraries of these inflammations. They were, therefore, called antiphlogistics; they were helped by other remedies under the title of refrigerants.

The first of these, the taking away of blood from the patient, is a proceeding so singular, so important, and till now of such universal prevalence, that it demands some special notice.

With Sydenham the "inflammatory diathesis" was often uppermost in his thoughts. This was to be dealt with by bleeding. Emetics were to follow the bleeding. When the blood "goes on boiling," enemata and purgatives are to follow—and bleeding again.

In John Hunter's time, about a century later, the fashion had changed, and bleeding was less frequently performed. In his lecture on "adhesive inflammation" he gives very careful rules and suggestions for the practice of venesection, and concludes with these words:—"Bleeding, however, is a remedy of so much importance that it should be employed in all cases with great caution."*

In my early days the fashion had revived, and bleeding was again in vogue. The picture is drawn in lively colours by Dr. Mason Good. What Sydenham calls "giving ourselves up to the luxury of guesswork" was largely indulged in by the eminent men of that time.

Dr. Clutterbuck bled his patients in typhus fever, upon the principle of attacking the inflammation of the brain and *debilitating* the action of the living fibre!

Dr. Armstrong, in certain cases of typhus, bled to *prevent* debility. In these cases he says "the strength is depressed, but not subdued, and venesection by diminishing or removing local disorder, diminishes or removes the load which impeded the vital functions, and the strength is therefore increased instead of being diminished"!†

Dr. Jackson thought he had found a sufficient reason for bleeding in its *stimulant* action upon the system.

* *Works of John Hunter*, by J. F. Palmer, Vol. I. p. 405. 1835.

† *Practical Illustrations of Typhus*, by John Armstrong, M.D., p. 135. 1816.

Venesection, according to him, "acts not by debilitating, or even by preventing debility, but directly by *invigorating* the living fibre; and in this view he employed it in fevers of every kind, entonic and atonic, inflammatory and putrid, and in his own belief with nearly equal success"!*

Every practitioner bled his patients, whether he had a reason for doing so or not. The practice is discontinued. The reasons were hypotheses, not facts. They are forgotten, like straws floating down the stream and disappearing.

At the present time no one bleeds. Sir Thomas Watson labours to preserve its use "for some special morbid conditions," in which "venesection is a potent and life-preserving remedy; in which it is not only safe to employ, but unsafe and unpardonable to withhold it. The condition intended is "that of great and often sudden engorgement and distension of the vessels that carry black blood—of the systemic veins, of the pulmonic artery, and especially the right chambers of the heart." This condition is one of unequal distribution of blood in the two different systems of vessels; when the accumulation is of purple or black blood in the veins or pulmonary artery, it should be called *congestion*; when it is of bright red blood in the arteries or pulmonary veins, it is *inflammation*. In the embarrassed condition of the circulation, spoken of above, "it is the veins that require emptying, not the arteries."

Provided that no better remedy can be found for this state of congestion, I think Sir Thomas Watson's reasoning is just, and his advice good. If better means of relief can be found, then the painful necessity for bleeding is done away with. The provings of drugs in health ought to supply these latter remedies. This has been done already for some congestions, for example, congestion of the brain; *opium* is a better remedy for congestive apoplexy than bleeding.

It is interesting to learn from Sir Thomas Watson how entirely the practice of bleeding has ceased in London. He says:—"I remember the time when a surgeon who found a man lying in the street in a fit, was blamed and abused by the bystanders if he did not at once open a vein in his arm. To do this now-a-days would be to incur the charge of murdering the man. . . . I have

* *The Study of Medicine*, by John Mason Good, M.D., F.R.S., Vol. II., p. 254. 3rd Ed. 1829.

heard of a London physician who, being desirous of having one of his hospital patients bled, could find no one among the house surgeons and advanced pupils who had ever seen the small operation of venesection done, or knew how to do it; and of another who, wishing on some rare occasion to prescribe leeches, had forgotten, through long disuse of them, the Latin name of the little blood-suckers. The trade in leeches has dwindled to a miserable fraction of its former magnitude; and the art of cupping, and the once thriving and useful race of cuppers, are extinct.”*

It happened that Mr. Mapleson called upon me about a year ago, (whose father was cupper to George IV., and who realised a handsome fortune by his occupation), and he told me he had left London for some years, and sought employment in other ways; for the reason that in the last two years of his practice he had cupped only two patients.

The next great antiphlogistic remedy, during these glorious and enthusiastic days, was a purgative. In the words of Dr. Mossman, “Bleeding and purging; these are the infallible agents in the cure of fever.”† In these kingdoms the universal practice of giving aperients was very much brought about by a book published in the beginning of the century. “The world,” said Dr. Armstrong, “is greatly indebted to Dr. James Hamilton, senior, for having so firmly established the usefulness of aperient medicines by the publication of his work,‡ than which none, perhaps, of greater value has appeared in the medical republic since the days of Hippocrates”!§ The world is still more indebted to homœopathy for rescuing it from this treatment.

The remaining remedy, which was as unremittingly used as bleeding and aperients, during the reign of the antiphlogistics, was *mercury*. By many practitioners calomel was given merely as an aperient; but thoughtful men began to observe that its specific action in inflammation and fever was beneficial. Among those who noticed this was Dr. Armstrong. For a long time he gave calomel freely as a purgative. “But,” he says, “cautious and

* *Lectures on the Practice of Physic*, by Sir T. Watson, Vol. I. p. 247. 5th Ed. 1871.

† MS. Notes on Cullen's *First Lives*.

‡ *Observations on the Utility of Purgative Medicines*.

§ *On Typhus*, by Dr. Armstrong, p. 111.

reiterated observations have at last convinced me that, next to venesection, it is one of the most powerful anti-inflammatory agents with which we are acquainted. It will be found that few patients perish in inflammatory diseases, where ptyalism is clearly established. In general terms, inflammation may be denominated a loss of balance in the circulating system, and *calomel*, *having a direct power in equalizing the circulation*, is a most suitable remedy for that affection.”*

This view of the action of mercury was enlarged and became general. John Hunter had said that “there is no specific against inflammation that we are acquainted with.”† It was beginning to be thought that a specific had been found in mercury. The following is a long extract from one of Sir Thomas Watson’s Lectures, but it is interesting:

“Formerly it (mercury) was regarded as ‘a very powerful agent (I am quoting myself‡) in controlling inflammation, especially acute phlegmonous, adhesive inflammation; such as glues parts together, and spoils the texture of organs.’ Again, ‘the great remedial property of mercury is that of stopping, controlling, or altogether preventing the exudation of coagulable lymph; of bridling adhesive inflammation; and (I added) if we in our turn could always bridle or limit the influence of mercury itself, it would be a still more valuable resource.’ Acknowledging that, like most other remedies, it could do harm, as it could do good, I said it behoved us to ‘learn how to wield a very potent but a two-edged weapon.’

“This estimate of the special properties of mercury can no longer be maintained in the full and unqualified sense of the words which I have just cited, and which expressed, I believe, at the time when they were used, the general opinion of the profession. They were too absolute. . . .

“When mercury is gradually introduced into the human body in small quantities it produces sooner or later very remarkable effects. It *causes* inflammation. Perhaps it may be for that reason that the professors of homœopathy prescribe ‘mercurius’ so often.”§

This testimony is remarkable. “Mercury *causes* in-

* Armstrong on *Typhus*, p. 141-2.

† *The Works of John Hunter, F.R.S.*, by J. F. Palmer, Vol. I, p. 401. 1835.

‡ From the Lectures of former years.

§ Sir Thomas Watson’s *Lectures*, Vol. I, p. 261. 5th Ed., 1871.

flammation." (The italics are Sir T. Watson's.) Homœopaths have given it in inflammation, but not indiscriminately in every inflammation, (as was done by others at the time of Dr. Watson's early lectures), but only in inflammations of *certain parts*, upon which parts mercury acts, and in health produces inflammation. The profession has learned this lesson. Homœopaths have given mercury in doses too small to cause the mischiefs Dr. Watson acknowledged. They have learned how "to bridle and limit the influence of mercury," so that with them it is *not* "a two-edged weapon." When will the profession have learned this lesson also?

The antiphlogistic notions were universally received, and enthusiastically maintained. They are now nearly forgotten. They have floated away like straws, and are lost.

4. Antipathy does not consist in prescribing *anti-spasmodics*. This term, like antiphlogistics, is a modern one. It has reference, mainly, to Dr. Cullen's "spasm of the extreme vessels," or capillaries. The notion is thus announced by him:—

"Our doctrine of fever is explicitly this: the remote causes are certain sedative powers applied to the nervous system, which, diminishing the energy of the brain, thereby produce a debility in the whole of the functions, and particularly in the action of the extreme vessels. Such, however, is at the same time the nature of the animal economy, that this debility proves an indirect stimulus to the sanguiferous system; whence, by the intervention of the cold stage and spasm connected with it, the action of the heart and larger arteries is increased, and continues so, till it has had the effect of restoring the energy of the brain, of extending this energy to the extreme vessels, of restoring therefore their action, and thereby especially overcoming the spasm affecting them; upon the removing of which, the excretion of sweat, and other marks of relaxation of excretories, takes place."*

Dr. Mossman's commentary on this statement is all that need be said of it:—"It is sufficiently evident that the basis of this system is purely hypothetical."

This comment was written nearly sixty years ago. It has been entirely confirmed by others. The straw has

* *First Lines of the Practice of Physic*, by William Cullen, M.D. 1784.

floated away, and is forgotten. If it be asked, what were Dr. Cullen's antispasmodic remedies? they were bleeding, aperients, abundance of cold water, neutral salts, emetics, blisters, warm bathing, and the antiphlogistic regimen. From which it appears that the change brought about by the eloquence and influence of Cullen, as a teacher, was speculative rather than practical; that it consisted in the invention of a new hypothesis—not in the discovery of new facts, nor in the introduction of a new method of treatment.

5. Antipathy does not consist in giving *stimulants*. Let us, once more, spend a few moments on the meaning of words. What is a stimulant? Originally, a *pricking instrument* in Latin, from *to prick* in Greek; in English medicine, a thing which increases vital action. But the word has been used so vaguely and hypothetically that now it has no definite meaning. According to Cullen debility is a stimulant; according to others all curative action of medicines is stimulating: so that small doses of aconite, which diminish the action of the heart, and small doses of digitalis, which increase it, are both to be called stimulants. Nothing but confusion and controversy can exist when words are lost in a fog like this. To me *stimulants* are alcohol and its similars, and nothing else. These are a class of substances distinct from food and from drugs. In this Essay "Antipathy" is restricted to the action of drugs; so that alcohol, as a stimulant, does not claim mention, or come within its scope. But for the same reason that bleeding was noticed as an antiphlogistic, some notice must be taken of alcohol as a stimulant.

Brown, a pupil of Cullen, discovered no new facts, but, like Cullen, invented a new hypothesis. He also brought about a great change in practice, which Cullen had not done. His notion that diseases were either *sthenic* or *asthenic*, and nearly all of them the latter, encouraged him to give stimulants, that is, wine and spirits, almost without limit.

This practice, however, disappeared, the straw to which it was attached floated away, and the use of antiphlogistics again became universal. These depleting and lowering measures were triumphant in my early professional life. I well remember the startling effect produced by the first paper which once more revived the stimulating practice. It was an article in a Dublin journal, in which cases of fever were reported as having been successfully treated

with wine. It was as if a shell had been thrown into the ranks of the profession, and had burst in the midst of them. By-and-bye the fashion set in like a rising wave, and Dr. Todd's boat rode in triumph on the crest of it.

What is further to be said upon this subject shall be told in a story, for the authenticity of which I can vouch, though I did not myself see the patients. A short time before the Dublin cases were published there was an epidemic of low fever in Bradford. One of these cases, a young woman, was believed by her friends, and by the medical man who was attending her, to be dying. One Mr. John Hepworth, an unqualified practitioner of great notoriety in the town at that time, was sent for. He gave the dying woman brandy, and she recovered. Shortly afterwards a sister of this young woman fell ill of a similar fever, and the parents, naturally thinking that the attendance of the qualified doctor might be dispensed with, sent at once for Mr. John Hepworth. He gave her brandy also, and she died. The story goes on to say that Mr. John Hepworth, after the successful issue of the first case, wrote in his note book:—"Brandy good for fevers"; and that, after the death of the second, he added:—"But not always"!

In the administering of stimulants we should, I think, be guided by considerations very similar to those which we follow in the giving of food, namely, the condition of the patient, rather than the nature of the disease.

Antipathy, therefore, does not consist in alcoholic stimulants.

(*To be continued*).

REMARKS ON THE REPERTORY OF THE HAHNEMANN PUBLISHING SOCIETY.*

By THOMAS SIMPSON, M.D.

WE cannot but admire the efforts of any ingenious mind in its enquiry after truth, and especially in its endeavour to shake off the fetters of prejudice long entertained: efforts often the more admirable the greater the opposition to be encountered; and the more commendable if personal

* *A Repertory, or Systematic Arrangement and Analysis of the Homœopathic Materia Medica.* Part VI, containing Stools and Rectum, by Dr. H. Nankivell. London: H. Turner & Co. 1874.

or pecuniary sacrifice must be endured to secure the object of its aspiration. We all know something of the subjection, to influences which have been presented to us in society, to which we are so prone to yield; their force may have been sufficient in some instances to have constituted us almost sceptical of a more excellent way, and very unwilling to admit that our theory and practice were destitute of reason and philosophy. It is thus that so many members of the medical profession in this country refuse to admit the claims of the homœopathic law upon their serious attention; the idea is so utterly opposed to their preconceived opinions and long-cherished prejudices, that, in spite of the evident disappointment and dissatisfaction they experience, a determination is manifest to endeavour to improve, or remodel a method which has no scientific laws upon which to rear a rational system of medicine. Time would fail to recount the ever-varying and extremely opposite views and systems which have been adopted and approved by professors of the healing art in successive generations, and almost as speedily renounced in search of a more excellent way. Men have ignored and despised that in which all their hopes were formerly centred, while the unhappy victims of this uncertain practice are from time to time the subjects of interesting but costly experiments.

We cannot meditate upon such an appalling and gigantic error without having stirred within us a desire to clear away the withered leaves of uncertainty and delusion, and to present the truth in a precise and practical form to those who have so far failed to appreciate the value and consistency of the homœopathic law. We have permitted them to remain in utter ignorance of its essential points by pressing *them* into the background; and we have almost courted ridicule by giving the unessential points a prominent position. Under these circumstances we cannot wonder that our opponents should imitate our example, and that they charge upon us the most nonsensical fables and absurdities. We have abundant material for argument and unqualified proof of the truth of what we believe, could we but more clearly define our distinctive tenets, and obtain opportunities of testing their value in hospital practice side by side with the opposing system. Statistics would at once decide in our favour, and invite the enquiring to investigate and test the truth of what we assert. Homœopathy, as such, is not antagonistic to medicine as

a scientific whole, being simply the doctrine of the effects of drugs upon the animal organism, as applied, according to a uniformly valid law, to the doctrine of the morbid changes of the organism. It constitutes a necessary completion of medical science, inasmuch as the homœopathic system establishes, upon a scientific basis, that part of medicine which had hitherto been abandoned to the crudest empiricism. As a rich source of a knowledge of drugs, in the domain of ancient medicine, homœopathy stands pre-eminent. Many drugs, especially recently, have been taken from the store-house of homœopathy and applied to the cure of disease, often, it is true, in an incorrect way, and always without acknowledging the source from whence they were noticed, but the very road by which the homœopath arrives at a knowledge of drugs has been pursued by old-school physicians; their voluminous works contain much that is valuable as material, but too little when compared to their labours. The most massive, and the crudest effects of drugs are recorded, but the more delicate shades of the drug-picture are lacking. The position of the truly conscientious physician is most embarrassing. He has no point of support to lean upon in the selection of his special agent, be it narcotic, alterative, or even tonic. On this restless sea of uncertainty what an immense number even at this day are tossed, and are anxiously casting about in search of a substantial and satisfactory system of medicine.

With the materials we have in our possession, is it not an infinite pity we have made so little use of them? and may it not be argued against us that we have failed to manifest sufficient confidence and enthusiasm in our principles to compile a reliable text-book of therapeutics corresponding to those comprehensive volumes which issue from the pens of our opponents? The want of a united effort on our part to collate and elaborate the materials we possess, for the benefit of those who are willing to learn the truth and value of the homœopathic theory, is surely conspicuous. Much has been accomplished with a view to popularize the treatment by domestic manuals; but little to arrange and simplify the plans of treatment to be adopted in particular diseases according to the law propounded by Hahnemann.

We want works which shall lay before us the symptoms elicited by our provings in a form which can be easily looked over and comprehended; the road to be pursued

to this end has been well shown us by Hirschel in his efforts to perfect Hahnemann's unfinished work.

The existing material enables us to obtain a thorough knowledge of a large number of drugs; and those that are proven less perfectly give us a picture of their leading properties. We do not pretend to reflect upon the imperfections or errors contained in our text-books, nor to charge their authors with incompetency or indifference in compiling their treatises; for, as Grauvogl remarks, it is impossible to describe all human beings of all times, because the conditions of getting sick change constantly in the course of time: nevertheless it is in homœopathic therapeutics alone that we obtain any positive and accurate knowledge of the capacity of medicines to affect the different organs of the animal economy, as well as the special structures of which these organs are composed. Hahnemann was the first who endeavoured consistently and perseveringly to obtain a knowledge of the effects of drugs, and to apply it to practical uses in accordance with a definite law; his extraordinary energy gave birth to the *Materia Medica Pura*, to which, in spite of its isolated defects, we cannot deny the tribute of admiration. Let it suffice that no one has ever produced greater results by entering upon a new road of investigation. We admit that a system of special therapeutics never was, nor can it ever be, a necessary scientifically-founded requisite of our doctrine. Our position in the domain of medicine is still of a polemic character; and until we are prepared to treat each case of disease on its individual merits—to find in the drug which acts upon the tracts, tissues or organs, in a manner corresponding with the morbid agent, the only reliable and successful remedy, we are doomed to disappointment. There must be, in other words, a direct correspondence between natural disease on the one hand and drug action on the other. To ascertain this relation or analogy, we are led to a careful comparison of the morbid symptoms with the pathogenesis of one or more drugs as contained in the wide field of research afforded us in the *Materia Medica Pura*: a task which involves much precious time and very great labour. To obviate the necessity of so circuitous a course, various expedients have from time to time been resorted to by the conscientious disciples of Hahnemann, convinced as they are that every single case of disease which presents itself possesses an in-

trinsic claim for minute investigation; and that its medicinal analogue (if we may use the term) can be found according to rules firmly established; rules founded on the concordance of the morbid symptoms with those produced by the drug which corresponds in its action, or in the symptoms it produces, with the group of symptoms we seek to alleviate or remove; the general pathognomonic and local symptoms must agree perfectly, the medicinal with the morbid, but above all, the peculiar characteristic symptoms must be found in the sphere of action of the remedy, if it is to combat the diseased state perfectly. To secure this result some eminent members of the medical profession practising homœopathy in this country have from time to time sought to furnish the practitioner with a work in which he may at once, and with the least possible trouble, discover the remedy suited to the diseased conditions he is called on to treat; by a systematic arrangement and analysis of the homœopathic *Materia Medica*.

The *Pathogenetic Cyclopædia*, by Dr. Dudgeon, published in 1850, was intended to effect this desirable end as far as concerned the symptoms of the disposition, mind and head; but it was found too voluminous a plan to be practicable in arranging the other parts of the body; much repetition was involved, and the grouping of symptoms, which is of paramount importance, was not secured. To obviate the errors, and supply the defects of that work, great practical difficulties were experienced, which required constant efforts of invention to overcome them; but ultimately a *Repertory* has been constructed, which so fully supplies the wants we have indicated, as to reflect the highest praise on its indefatigable authors; one which supplies means whereby the busy practitioner may accurately carry out a perfect homœopathic treatment, enabling him to make use of the minute shades of systematic difference without much labour. The plan of the Cypher Repertory is too familiar to most homœopaths to need explanation; but we think its claims upon their attention are indisputable, and we make no apology for urging upon our brethren the daily use of this invaluable hand-book. We may well rejoice in the recent introduction into our literature of works treating on special subjects, by which our labours of research are greatly diminished and our precious time economised; and we can only regret that more labourers are not found to work in the fields of in-

vestigation which yet remain uncultivated. We cannot disparage the successful attempts which have been made to collect for us the striking results of judicious and patient treatment; but we must all feel daily the great want that exists of a *complete Repertory* of all the parts which yet remain either untouched or unfinished: we refer to the chest, back, extremities, urine, etc., the completion of which would not only facilitate our daily labours, but be fraught with immense satisfaction to all who contribute to so desirable an issue. We have obtained the most gratifying results in treating many intricate cases by means of the Cypher Repertory. The vomiting of pregnancy is notably intractable to treatment. Under ordinary measures it proceeds unchecked in its course; but by careful covering of the symptoms we have frequently been rewarded with success in our efforts to relieve it. In one case there were present—nausea to faintness, aggravated by fasting and by drinking, at night—by assuming the erect posture; with cold extremities, flow of water from the mouth, vertigo, vomiting of sour and bilious matters. *Phosphorus* 3 relieved such a case permanently. In a second case *tabacum* relieved a group of symptoms of a very grave nature, where the patient dreaded the least movement; had endured such bitter experiences in her previous pregnancies that two eminent physicians had expressed their intention to procure abortion in order to protect her life should pregnancy recur at any future time. In a third case there existed constipation, violent abdominal pains, faintness, *sudden* nausea, yellow-coated tongue, inward coldness and heat of face, which yielded in four days to *kali bichromicum* 3.

To illustrate or to show the value of associating symptoms for comparison with a remedy, we may quote another set of symptoms which sometimes perplex the physician, viz.: those which occur in acute gastric catarrh, as sleeplessness with occipital headache, and great distension of the abdomen, symptoms which are correctly associated in the *Repertory* under *plumbum aceticum*. This medicine acted like a charm when *antim. crud.*, *bryonia*, and *merc. sol.* had utterly failed. It is remarkable that remedies of which we had not any thought as available, are revealed by this sifting process to be alone suitable. In chronic cases the same argument holds good. The perplexity which attends our choice of remedies in chronic skin diseases is only reme-

diable by ascertaining the general condition of the patient: thus a woman, aged 20 years, has constipation with discomfort in the rectum, scanty menses, preceded by abdominal distress, pain in the back and palpitation, but consults me for an itching papular eruption on the chin, cheek, and temples. She had no further trouble with any of these annoying symptoms after taking *sepia succus* 6 once daily during six weeks. In like manner we saw a chronic conjunctivitis of the palpebræ cured quickly by *baryta carb.*, the patient having an eruption on the eyebrow, and enlarged tonsils. These scanty notes may encourage some at least to use the Repertory who have hitherto ignored its value, or only resorted to it in extreme cases.

We are delighted to discover that the part on Stools and Rectum is now completed by our esteemed colleague Dr. H. Nankivell. We have long felt deeply the want now supplied us; every day we are called upon to relieve abnormal conditions of which this little work treats, including constipation, diarrhœa, varices, etc., and we look for brilliant results where we have hitherto been disappointed. The concomitant symptoms and conditions can alone guide us in our treatment of that most opprobrious and unmanageable condition, constipation, from which so many suffer, and for which our treatment is asserted to be useless. There are, as might be expected, many omissions, and not a few errors noticeable in the work before us, which firmly convince us that it is desirable for two persons at least to be engaged conjointly in the compilation of so important a production. Time alone will disclose the wants and errors observable throughout the book, but two or three defects we have noticed already in working with it. First we perceive a great mistake in the collective lists throughout, excluding many medicines noted in the sub-lists. Next, we cannot perceive the author's meaning in having placed two strokes before words or definitions where only one word is understood, as, on page 513, after "Tenesmus constant" we have two strokes before the word Tenesmus, which are perplexing, and throughout the first section this is an oft-recurring perplexity. It is to be regretted that an alphabetical order could not be observed in the arrangement of the varieties; thus we find "Flatus, emission of; difficult" after "spasmodic," and "cold" after "scanty," and so on. The concomitants of the single symptoms are, we think,

somewhat scanty: thus, in looking for "cold feet with constipation," we found no mention of that symptom, whereas we think several medicines might have been inserted, as *veratrum album*, *lycopodium* and *lachesis*. It will be easy to remedy this defect by adding in writing what we may discover to be useful. We cannot overlook the invaluable addition of the new remedies to this part; and we perceive that in many phases of these disorders they promise help. This alone would commend the production to our patient study, while the whole work places us under the greatest obligations to its indefatigable author.

(*To be continued*).

[NOTE.—The compiler of Chap. XV. of the Cypher Repertory most thoroughly welcomes any criticism on his work, and trusts that the continuation of Dr. Simpson's paper will deal closely with all the faults, and he knows they must be numerous, which exist therein. He, however, believes it will be conducive to the present discussion to give at once to the readers of this *Review* his remarks on the four points which Dr. Simpson has brought forward in the preceding paper.

1. *The alleged deficiencies in the collected lists.* It is perfectly true that these lists do not contain all the names mentioned in the sub-lists, when these names would amount to over 40 or 60 in number; and in this the "Law of Selects" is followed, for which refer to Part I. p. xi. The justification of this procedure is there complete, and the plan laid down has been followed in all the preceding chapters of the work. But in all cases where the collective list would not become an unwieldy paragraph of names, *it has been given complete*: see, for instance, "Varices" on p. 565, "Hæmorrhage," p. 568, and "Itching," p. 575.

2. *The "two strokes before words where only one is understood."* Dr. Simpson refers to p. 513: the paragraphs run thus:—

- t. Straining to stool.
- ta. ——— tenesmus.
- t^b. ——— constant.
- ta^b. ——— ——— tenesmus.

The fact is that "Straining" is the real name of the heading under treatment; "Tenesmus" is merely an intensified straining. It seemed preferable to throw them together rather than make two separate headings, and yet to keep the mind open to the fact that the one was a more intense symptom than the other. The same plan has been followed straight through with "stools and diarrhoea," and it is believed with considerable advantage. Certainly these "two strokes" need not cause Dr. Simpson

perplexity, if he will remember that the first refers to the true heading of the rubric, and the second to the special quality under consideration.

3. *The scantiness of the concomitants.* This complaint should be referred to the Committee on Materia Medica. *Veratrum alb.* does not produce "cold feet with constipation;" neither does *lycopodium*: neither does *lachesis*. In the pathogenesis of the last named is found "**Coldness of the feet, also as from ice, particularly when accompanying other complaints—or succeeded by heat. Icy coldness of the malleoli, or of the soles (with constipation).*" It will be perceived that this is a clinical, not a pathogenetic symptom.

4. *The want of alphabetical order in some of the lists.* Wherever possible this was followed, but the author endeavoured to use as few new symbols as possible, and to work in all that he could from Chaps. XII. and XIII.; he therefore was not quite a free agent in this matter.—H. N.]

OUTLINES OF THE HISTORY OF MEDICINE.

By W. B. A. SCOTT, M.D.

(Continued from page 146.)

Hippocrates. His Philosophy.—Anatomy and Physiology.—Etiology.—Nosology.—Symptomatology.

Hippocrates claims for himself the double honour of having introduced philosophy into medicine, and having brought medicine into the region of philosophy. On the other hand, Celsus deems the great and characteristic praise of Hippocrates to be that of having separated or distinguished between philosophy and medicine. These two seemingly contradictory claims are by no means irreconcilable, since he who, like Hahnemann, most distinctly recognises experiment as the sole true basis alike of the art and science of medicine, is precisely the man whose general conclusions will bear the strictest philosophical scrutiny. A more questionable distinction is conferred upon Hippocrates by those who regard him as the founder of the "dogmatic" or "rational" school. It appears to me that the claim Hippocrates puts forward in his own behalf and that allowed him by Celsus, equally with the leadership assigned to him by his own *soi disant* successors, are not only in the highest degree doubtful, but, even if true, would constitute the smallest part of his title to distinction. When Hippocrates tried to introduce

philosophy into the theory or practice of medicine he signally failed, and his philosophy is singularly devoid of originality, as we shall see in the sequel; while the "dogmatists" of a later day pushed their *a priori* speculations on matters which ought to have been recognised as the subjects of pure experiment, to lengths from which the great master whom they arrogate to themselves would have been the first to recoil. A more appropriate honour is conferred upon him by Pliny, who calls him the author of clinical medicine—a title given by Hyginus to Æsculapius. Whether this honour can justly be awarded to either of these competitors, or indeed to any one individual, may well be questioned; but there can be no doubt that Hippocrates deserves the high praise of having been the earliest of those whose writings have come down to us, who minutely recorded the phenomena presented by each individual case of disease he witnessed. The minuteness of his observation is perfectly amazing; while its extent, as has been well remarked,* is shewn even by some of the conclusions at which he arrived, which are perhaps often erroneous, but which must have been founded on an immense number of investigations—as, for example, his doctrines concerning "critical" days.

Hippocrates was born in Cos, an island of the Ægean sea, B.C. 460—according to tradition, the seventeenth in descent from Æsculapius on his father's side, and, on his mother's, the nineteenth from Hercules. He studied medicine under the "kinesipath" Herodicus and his colleague Gorgias—of the former of whom, however, he was no servile copyist—and further improved himself by carefully reading the tablets in the temples to which reference was made in the preceding chapter. He was rewarded with a golden crown, the privileges of Athenian citizenship, and initiation at the chief festivals, in recognition of his services during the great plague at Athens, of which Thucydides has left us so graphic an account. He showed his patriotism by declining the flattering and even menacing importunities of Artaxerxes to settle at the Persian court, alleging that he was born to serve his countrymen and not a foreigner. Though a Dorian by birth, he wrote in the Ionic dialect, at the urgency, it is alleged, of his friend Democritus, since he had a strong

* "Lectures on the History of Medicine," by Dr. G. M. Scott; No. 2, published in the *British Journal of Homœopathy*, Vol. IX. No. 38.

regard and admiration for the laughing philosopher. He died of mere old age, B.C. 361, and was distinguished after his death by the cognomen of "the Great," and honours the same as those paid to Hercules. Up to a comparatively recent period (if not at the present day) the inhabitants of Cos delighted to show a house in which their great countryman is said to have lived. It is believed that he was the author of the famous "oath of Hippocrates," which strongly resembles that administered at the present day to medical graduates, with the somewhat whimsical addition of a clause renouncing the practice of lithotomy.

As a philosopher, Hippocrates recognised the existence of a great principle which he called nature (*Φύσις*), and which he appears to have considered the parent of instinct. Subordinate to this he ranked the faculties (*δυνάμεις*) which preside over physiological processes, such as the circulation of the blood and the regulation of animal heat. Among these faculties he somewhat arbitrarily distinguishes as supreme that to which he ascribes the phenomena of growth and nutrition. But here, as elsewhere, his language is extremely confused, and his real meaning very difficult to discover, because the term "nature" is used both in a general and in a more limited sense, while "dynamis" is sometimes applied to the "faculties" just mentioned, and sometimes used to designate the highest aggravation of which the "acid humours" are capable. In other places, again, he seems to identify this "nature" with the "fire" or "heat" of Heraclitus. But whether or not Hippocrates may claim originality as regards these particular doctrines, in the rest of his philosophy he was most unscrupulous in borrowing from his predecessors, and, indeed, the doctrines he adopted did not always benefit by the process. Thus he took from Alcmaeon the doctrine of four primary qualities,—heat, cold, dryness, and moisture; from Empedocles, that of four elements,—fire, air, earth, and water; his doctrine of the mutual attraction of homogeneous particles savours strongly of Anaxagoras, whose memory ought to be so dear to school-boys;* his doctrine of the mutual interaction and interdependence of all parts of the animal frame seems to

* It is said that when his fellow-citizens of Lampsacus asked Anaxagoras on his deathbed what posthumous honours would be most acceptable to him, the philosopher requested that all the boys might have a holiday on the anniversary of his decease. He died B.C. 428.

approximate very closely to that of Zamolxis; while his cosmogony is in many respects similar to that of Democritus. It is to be observed that Hippocrates is not always very consistent with himself; thus, while in one place he recognises the four elements of Empedocles, he elsewhere reduces these to two, viz., fire and water. But as many of the works attributed to Hippocrates are more than apocryphal, this circumstance may account for the above and sundry other inconsistencies. The influence of the philosophy of Pythagoras is discernible in the Hippocratic doctrines of "critical days."

While Hippocrates was so largely indebted to his predecessors for many of his leading doctrines, it is curious and interesting to find that one of which he appears to have been the author was revived in much later days by Paracelsus—that, namely, which teaches that nature has arranged everything in the body in imitation of, and conformably to, the order of the universe; in fact, that the microcosm, man, presents a complete analogue of the great macrocosm of which he forms a part, and that every internal action and organ of the animal economy finds its counterpart and correlative influence in the laws and elements of the outer world.

The consideration of the anatomy of Hippocrates is beset with difficulties, both on account of the extreme doubtfulness of many of the writings ascribed to that author—as, for instance, the *de carnibus*, *de ossium natura*, and *de corde*—and of the inexactitude and confusion of his language—as, for example, his including all blood-vessels under the general name of *veins*, and classing together as *nerves* not only the structures properly so called, but also tendons and ligaments. With regard to the question whether Hippocrates dissected, if he was really the author of the treatise *de corde*, he would certainly appear to have dissected the heart, at any rate, from the minuteness and general accuracy with which he describes it; and from his remark that a dislocated vertebra can only be reduced from within, and consequently in a dead subject, he seems to have possessed a knowledge of the anatomy of the dorsal region scarcely attainable without dissection. He must also have been familiar with osteology, if we are to believe the statement of Pausanias that he dedicated a bronze skeleton in the temple of Apollo at Delphi. But this section of anatomical know-

ledge he might have mastered, as Le Clere suggests, by accidentally finding an unburied corpse from which the flesh had decayed by time, or been torn by beasts of prey—only too common a discovery in those days of pestilence, murder, and rapine. In many of the works ascribed to Hippocrates a fairly accurate knowledge of osteology is displayed.

Angiology.—Although in early times the term “artery” was usually applied solely to the trachea, and Hippocrates himself generally designated all kinds of bloodvessels as veins, yet we find veins distinguished from arteries in the treatise *de alimento* commonly ascribed to him, in which the writer describes the latter as coming from the heart and the former as arising from the liver. Elsewhere (*de carnibus*), both are stated to spring from the heart. Hippocrates taught that the arteries conveyed “vital spirit” (whence their name), while the veins contained blood. He seems to have been entirely ignorant of the distribution of the bloodvessels, since he tells us there are four chief pairs of veins, of which (1) descends from the back of the head, along each side of the spine, to the thighs and outer ankles; (2) (jugular) he traces from the head to the loins, testicles, thighs, and hams; (3) arises near the temples, passes thence to the shoulders and lungs, then the right and left veins cross, traverse the spleen, kidneys, and liver, and terminate in the rectum; while (4) begins in the face, passing thence along the arms to the fingers, returning *vid* the axillæ and ribs, being next distributed to the spleen and liver, and terminating in the pudenda. It is but just to the memory of Hippocrates to mention that the treatise *de ossium natura*, in which the above imaginative description occurs, is by many supposed to have been written by his son-in-law and successor, Polybius. Elsewhere, Hippocrates terms the ureters veins.

The description Hippocrates gives of the heart is too long for transcription and yet too concise for condensation. It is fairly minute and accurate. He justly remarks that the auricles have nothing to do with hearing, but maintains that they attract air to the heart, and proceeds to insist upon the striking proof afforded of the ingenuity of the Creator by His having fixed such a useful pair of bellows in so convenient a situation—a specimen of what Knox used to call “Bridgewater writing,” and which

that distinguished anatomist so delighted to ridicule. But where Hippocrates forgets theory and confines himself to matters of fact and observation, his remarks on this subject are usually just, and, in particular, his description of the cardiac valves deserves much praise. One reflection of his seems very just: "Blood is not essentially warm, any more than water, but it derives its heat from without." We all know that the animal heat is kept up by respiration; so the assertion of Hippocrates is true, though he was unaware of the real source of the heat, and even thought respiration tended to cool the blood.

From the following passage we find that Hippocrates came very near discovering the circulation of the blood (*de locis*): "All the veins (bloodvessels) communicate and flow into each other; some join directly, others by means of small veins (capillaries) *which are made in order to nourish the flesh*. . . . Many veins come from the stomach, and by them nourishment is conveyed to all parts of the body." He even speaks of "imperceptible channels," and the flux and reflux of the blood; but he evidently just missed Harvey's great discovery, for he believed that the ebb and flow took place in the same vessels. While on this subject, Hippocrates remarks that the stomach, liver, heart, and spleen, when full, supply nutriment to the rest of the body, but, when empty, draw nourishment from the body to themselves. He had, therefore, caught a glimpse of the truth that a starving animal really feeds upon its own body, or, in Huxley's words, "that a fasting sheep is as much a carnivore as a lion."

Nervous System.—Hippocrates classed the brain among the glands on account of its structure, and ascribed to it the secretion of the pituita. In some passages, following Pythagoras, he tells us that the brain is the seat of understanding and judgment, though elsewhere he seems disposed to locate these faculties in the pit of the stomach.

I have already mentioned that Hippocrates includes nerves, tendons, and ligaments under the general term of nerves; but he seems to refer to true nerves when he says they originate from the back of the head and spinal column. He has, however, involved this subject in hopeless confusion, and as he does not even seem to have recognised the part played by the nerves in the organs of special sense, it is hardly necessary to dilate upon his views regarding this department of anatomy.

Organs of the Senses.—After giving a very concise description of the ear, he explains the phenomena of hearing very much in the same way as Empedocles, only dwelling more on the office of the tympanum.

He maintains that the brain, which extends into the nasal cavity (olfactory nerves), possesses the power of smell by reason of its humidity.

He speaks of three tunics surrounding the eye, and imagines the faculty of vision to be located in a transparent humour supplied from the brain by veins entering the orbit.

Myology.—The only muscle to which Hippocrates refers by its present name is the psoas. He thought the muscles were hollow, each containing a cavity or belly—hence the term “digastric” applied to a muscle divided by a tendon, also “biventer cervicis.”

Adenology.—Hippocrates assigns to the liver the office of secreting the bile, which it separates from the blood in the veins. He attributes to the spleen the work of withdrawing humidity from the stomach, when the supply is excessive. As there seems no reason to accuse this humane and excellent man of having ripped open the bellies of living animals, like Christian physiologists, he probably founded this opinion rather on the conjectured office of the large and numerous veins extending from the region of the stomach to the spleen, than from actual observation of the splenic engorgement consequent on repletion.

He describes the functions of the kidneys and bladder with sufficient accuracy.

He describes the lungs as divided into five lobes.

He denies that the “phren” or diaphragm is so called as being the seat of the mind, and says the name was applied to it merely because sudden violent emotions cause it to vibrate or tremble, as in sobbing. At the same time, he thinks that phrenic inflammation or congestion gives rise to delirium.

Some have supposed that Hippocrates attached very great importance to the study of anatomy, on account of his familiar dictum, “The nature of the body is the principle or foundation on which all reasoning in medicine must rest.” But the truth is, as Le Clere well observes, that Hippocrates laughed at the medical pretensions of anatomists, and even goes so far as to assert (*de prisca Medicina*) that the study of anatomy pertains rather to

artists than to physicians. He ridiculed those who fancied that in order to practise medicine it is necessary first to understand what man is, how his body is formed, and how or of what it is composed. There can be no question what Hippocrates meant by the "nature of man;" he has himself defined it for us. It was precisely what Stahl called Archæus, and Hahnemann named vital principle. And of course the laws of vitality must be our sole guide in reasoning upon medical subjects, just as the laws of chemistry must be investigated and respected by chemists, and those of mechanics by mechanics. Hence Hippocrates himself passed the severest censure on the doctrines subsequently adopted by his *soi disant* followers the "dogmatists," and preceded Hahnemann in the enunciation of the true subject of medical investigation. Unhappily he failed to perceive that the laws of this "nature" could only be studied to real advantage when the body it informs is in a normal and not in a morbid condition. Hence, though he recognised this *Φύσις* or nature with its *δυνάμεις* or functions, its servants and interpreters, he missed the sole intelligible mode of interrogation; and the great law of homœopathy, which (like the doctrine of the circulation of the blood) Hippocrates had so nearly grasped, remained unproclaimed for twenty-two centuries, till a greater than even Hippocrates arose.

The doctrines of Hippocrates regarding embryology need not be discussed here. Suffice it to say that he thought the foetus in utero breathed, and that the rupture of the membranes at the time of parturition was due to efforts on the part of the child. He seems to have originated, or at least countenanced, the popular delusion that while a seven months' child may live and thrive, an eight months' child must almost inevitably perish. Like Empedocles, he taught that "nature acts in a uniform manner in the generation of man, the lower animals, and plants." It is interesting to compare this with a passage in Professor Laycock's writings (*Mind and Brain*, 2nd Edit., Vol. II. p. 213): "Throughout this entire homologous series from man to plants, it is the same idea which is in operation; the modes of energy alone vary, according to differentiation of structure and evolution of relations; so that the self-moving, self-supporting embryos of the lowest organisms are teteiotically homologous to the highest and most perfectly developed animals, both as to their general structure and modes of existence."

Hippocrates recognised three components of the human body: (1) the solid, or "that which contains," as the bones, tendons, &c.; this he regarded as the subject of disease (disease being defined as "anything which incommodes man"); the humid, or "that which is contained," viz.: the blood, pituita, yellow bile, and black bile: of these the first is red, humid, sweet, and hot; the second white, humid, saltish, adhesive, and cold; the third yellow, dry, bitter, and adhesive; the fourth black, cold, dry, and adhesive: the proximate cause of disease he supposed to consist in deficiency or excess of any of these elements (dyscrasia), (just as Pythagoras maintained that health depended upon a certain harmony,) or on an excess or defect of the secondary qualities of sweetness, sourness, &c., in one or more; and (3) the spirit, or that which gives rise to motion, and is derived from the air: this he considered the first cause or *primum mobile* of disease. Hippocrates may be said, therefore, to have believed in the dynamic origin of disease, while he looked on the animal fluids as the seat of the malady. In other words, as an etiologist he was a "dynamist" or "vitalist;" as a pathologist, a "humoralist." In one place he speaks of the bile and pituita as the only fluids capable of taking on a morbid action; and the popular notion of the latter being the most common cause of disease gave rise to the proverb quoted by Horace, that even a philosopher loses his equanimity "*quum pituita molesta est.*" Among the external causes of disease he enumerates atmosphere, diet, regimen, and all the accidents and employments of life. He dwells especially on food and air. Several books on diet occur among the writings attributed to Hippocrates, though one of these may, perhaps, with greater justice be assigned to Pherecydes. Errors in diet he divides into three classes; excessive or deficient amount, improper quality, and improper times of taking nourishment. Under the head of "air," or atmosphere he considers temperature, moisture, regions, winds, as well as certain occult qualities perhaps suggested by the aerial spirits of Pythagoras, and the rising or setting of certain stars or constellations. Frequent reference is made to this last by the poets. Hippocrates showed his superiority to prevailing superstitions by denying that any diseases are special or miraculous interpositions of Heaven; and although from the attention he bestowed upon the dreams of his patients, and his enjoining

on them the performance of certain sacrifices, he has by some been accused of credulity, yet the first of these practices was merely part of the careful examination he instituted into all the phenomena of each individual case of disease—a part, moreover, to the importance of which attention has recently been drawn by Dr. Maudsley; while the second simply showed his pious care in the discharge of what, in common with some of the most enlightened men of his own and long subsequent times, he regarded as his religious duties.

He taught that the differences between various diseases depend on their *cause* and *seat*. He classed maladies as *acute*, which he again sub-divides into *very* acute, or those terminating within fourteen days, and the less acute, which may last sixty days; and *chronic*, or those which exceed that term. Here he again dwells upon the harmony and relation he conceived to exist between the “microcosm” and the “macrocosm,” asserting that acute diseases are those of youth, spring or summer, warm climates, bile and blood (all of which he regarded as analogues), and that chronic diseases were those of age, pituita, black bile, and winter. He further classifies diseases as epidemic, endemic, sporadic, hereditary, benign, malignant, mortal, dangerous, simple. He recognises four stages in every disease, the onset, the aggravation, the height, or acme, at which the crisis occurs, and the decline. A favourable crisis, according to him, depends on the “coction” of the humours, with evacuation of all superfluities; this evacuation he regarded as the indication, and to some extent the gauge, of the “coction,” and unless it was profuse he always feared the malady would recur. He acknowledged, however, that a favourable issue sometimes succeeded very scanty evacuations; a fact which his sanguinary and drastic successors generally overlooked, until Hahnemann again drew attention to it. He compared the development of the “coction” to the ripening of fruit, and as this only takes place at fixed seasons, so the former he thought could only occur on certain days, viz.: in acute diseases, the 4th, 7th, 11th, 14th, 20th, 21st, 40th, and 60th, every fourth day being a critical day in diseases not exceeding 20 days, and every seventh in those not exceeding 40 days; and in chronic diseases crises occurred every 4th, 7th, 11th, 14th, 17th, 20th, 27th, 34th, 60th, 100th, 120th—every twentieth being a critical day when the disease

exceeds 40 days in duration. An immense number of observations must have been made to satisfy even himself of the truth of such doctrines as these; so that, although we may doubt the accuracy of his conclusions, we cannot question the extent of his research. He elsewhere speaks of certain congenital or infantile diseases terminating when the sufferer attains the age of 14 years, and many persons now-a-days are of opinion that not a few maladies disappear on the arrival of puberty. It was perhaps a Pythagorean prejudice which led him to assert that all deaths from disease, and likewise all complete recoveries, took place on an *uneven* day, month, or year of the malady. Hippocrates gave a greater proof of acuteness by describing the curious phenomenon of "metastasis."

But it is in his symptomatology that the acuteness of his discrimination, and depth and width of his research, are most conspicuous. Curiously enough, he does not dilate much upon the pulse; but he examined the tongue; eyes; countenance (the "*facies Hippocratica*" is well known); position or decubitus; action (as "picking straws," which he first pointed out as an indication of approaching death); habits, whether changed or not, as loquacity, taciturnity, &c.; nature of delirium and dreams, if present; respiration, whether quick or slow, easy or oppressed; whether expiration is prolonged, or inspiration prolonged; sleep or wakefulness; urine, its colour, smell, sediments, &c.; fæces, their colour, smell, acrid character, &c.; flatus; vomited matters; expectorated matters and saliva; sweat, nature, amount and extent, whether general or partial; mucus of the nose; cerumen of the ear; tears; and purulent discharges when present. To give any just illustration of the minuteness of his examination of every one of these objects would require an essay solely devoted to the purpose; here I can only remark, in conclusion, that his observations thereon are always striking and usually just; and that, not content with setting down the sum of symptoms therefrom deduced, he further proceeded carefully to compare those of each individual organ or function with those of every other in every case of disease. When we add to this consideration the fact that Hippocrates describes more than 250 diseases known even to later times by the names he himself employs, besides numerous others now differently designated or wholly extinct, we shall not hesitate to endorse the testimony of Galen, that

"Hippocrates was the most careful and exact of all physicians," and shall feel little surprised at the marvellous accuracy of his prognosis.

(To be continued.)

ON HÆMORRHAGE.

By J. HARMAR SMITH, Esq.

(Continued from page 159.)

Hæmaturia (continued).

There is an interesting case of hæmaturia reported by the late Professor Henderson, in the *British Journal of Homœopathy*, Vol. XIV. p. 15. The disease was of several months' duration, but was cured in three weeks by *turpentine* 1x and 1.

Another case reported in the same Journal, Vol. XIII. p. 484, shows the importance of discrimination in the choice of remedies. This case had been five years under so-called allopathic treatment, the principal medicine which had been given during this protracted period was *turpentine*. The patient, a Frenchman, then consulted a homœopathic physician, Dr. A. Dours, and was cured completely in a few months, the medicine which cured the hæmorrhage being *cantharis* 6, though other medicines were afterwards required to meet other symptoms. A third case of bloody urine also reported in the *British Journal*, Vol. XVIII. p. 223, was cured by *arsenicum* 3, no other medicine being given. In this case there were anasarca and tubular casts as well as hæmaturia. The cure was effected in a month. A fourth case of recent origin reported in the same Journal (Vol. XXVI. page 583) was cured by a single dose of *ipêcac*.

An examination of these instances confirms the often repeated precept, as to the necessity of individualizing our cases, and of varying our remedies according to the special symptoms present.

I met with a case of malignant small-pox several years ago, which was complicated with purpura hæmorrhagica. There was bloody urine, uterine hæmorrhage, and profuse discharge of blood from the bowels. The hæmorrhage in this case was due to a morbid condition of the blood itself. It was in fact an extreme case of blood poisoning, as was evidenced by the fact that that fluid was extremely fetid when it passed from the body.

Hæmaturia, as well as other forms of hæmorrhage, is occasionally present in bad cases of scurvy, as well as in certain uncomplicated cases of purpura hæmorrhagica. In these also it is the result of blood disease.

The expulsion of blood from the mouth in larger or smaller quantities, is differently characterized according as it proceeds from the air passages or the stomach. In the former case it is nosologically described as hæmoptysis, in the latter, as hæmatemesis. We meet occasionally with cases which cannot strictly be included under either of these heads. I was some time ago called in by a colleague to visit a patient in consultation with him, who had been vomiting blood for several days. My friend had been unable to satisfy himself as to the source of the hæmorrhage, although a cursory examination appeared to point to hæmatemesis, half a pint of dark coloured coagulated blood having been repeatedly vomited at once. On careful inspection of the mouth and throat I discovered that the fauces were deeply injected. There was also pharyngeal ulceration. I therefore, besides prescribing medicines suitable to this condition, directed the *nitrate of silver* to be freely applied to the throat.

These measures produced an immediate improvement in the symptoms, and in a few days the hæmorrhage had entirely ceased, nor was there any relapse. This case furnishes an illustration, in addition to the one which has been referred to under the head of epistaxis, of the difficulty which may occasionally arise in the diagnosis of the cause of the hæmorrhage, in certain cases of vomiting of blood, as well as of the bearing of accurate diagnosis upon treatment.

I shall now make some remarks on hæmatemesis proper, or vomiting of blood, the hæmorrhage having taken place, whatever the primary cause, from the vessels of the stomach itself. This is a much more rare affection than hæmoptysis, and more rare also than hæmorrhage from the intestines. Its nature and cause vary considerably in different instances.

1st. It may arise from disease of the coats of the stomach itself, as in ulcer or cancer, and in certain forms of irritant poisoning.

Of course in hæmatemesis of this character, our treatment must be by medicines which act directly upon the gastric mucous membrane.

Hamamelis and *ipêcacuanha* are highly spoken of by writers of our school in this form of hæmorrhage, although their action is very far from being restricted to the stomach. The primary action of *turpentine* is upon the mucous membrane of the stomach and intestines. Dr. Ringer recommends it in hæmorrhage arising from chronic gastric ulcer, to be given in frequently repeated doses of 5 to 10 drops (*Op. cit.* p. 272). He is very far, however, from being the first writer who has directed attention to its use in such cases. Pereira, for example, says, "*turpentine* appears to have a constringing effect on the capillaries of the mucous membranes, for, under its use catarrhal affections of, and hæmorrhages from these parts are frequently checked and often are completely stopped." (Pereira's *Materia Medica*, p. 711.)

Sir Thos. Watson also refers to *turpentine* as a remedy in vomiting of blood, though his doses are larger than Dr. Ringer's. In my leech prescribing days I had frequent occasion to prove the power of *turpentine* as an astringent. I was frequently summoned to stay the effusion of blood which I had directed, and I found the most effectual styptic in such cases to be the *oil of turpentine*. Hence, the continuity of the mucous membrane with the skin, as well as its similarity in structure and function would lead us to expect, what experience teaches, as to the astringent action of *turpentine* upon this membrane. When the hæmorrhage is of a passive nature, and the patient debilitated, its action as a stimulant is also beneficial.

2nd. Hæmatemesis may be caused by a diseased condition of the blood itself, as we have noticed under the head of hæmaturia. In these cases local remedies will be of small benefit, at least palliative only. The only medicines which are curative here must be directed to the state of the blood. In scurvy, for example, even though accompanied by hæmorrhage, we know how strikingly and how rapidly chemical remedies, such as lemon juice, cure the patient, provided that the case has not reached a hopeless and irremediable condition.

3rdly. Hæmatemesis may be vicarious of sanguineous discharges from other parts of the body. The most frequent example of this is its occurrence in cases of suppressed menstruation. When this is the cause, the vomiting of blood is generally an affair of comparatively little moment, and will almost certainly cease when the men-

strual function is restored. There are cases on record, however, where this form of the disease has terminated fatally. Dr. Copland (*Dictionary*, Vol. II. page 97) refers to two cases where this was the case.

In hæmatemesis vicarious of the suppressed catamenia, gastric medicines will be at best temporary and palliative, and may even be injurious in their effect. The only curative medicines will be specifics such as *pulsatilla*, which have power to revive the dormant uterine function.

I would remark here that vicarious hæmorrhage is not gastric only, it occurs at times from the lungs, the nares, and even from the skin, or the surface of cutaneous ulcers. Some of the pretended miracles of the middle ages, the bleeding stigmata, no doubt owe their origin to the last named affection.

As the subject of cutaneous hæmorrhage is unique and of considerable interest, and one on which some of my readers may not improbably be imperfectly informed, and perhaps even sceptical, I shall make no apology for making a somewhat lengthy quotation on the subject, from an article by Dr. (now Sir George) Burrows in the *Library of Medicine*, Vol. V. pages 14, 15.

“Hæmorrhage from the vessels of the skin presents itself under two forms: in the first, there is an exudation of blood from the free surface of the cuticle; in the other, the blood is extravasated into the substance of the skin itself. The former of these cutaneous hæmorrhages is of very rare occurrence; when it does happen, the escape of blood is generally confined to a limited portion of the surface, though sometimes the exudation is much more extensive.

“Whenever blood is thus poured forth from the free surface of the skin, the appearance of this remarkable phenomenon may generally be traced to some cause operating on the constitution generally, and not to any structural lesion of the skin itself. When the cutaneous hæmorrhage is local, it takes place most commonly from the face, the front of the chest, the mamma, the armpit, the navel, the groin, the hand, or the foot. All these parts have occasionally been known to be the seat of this kind of hæmorrhage. These circumscribed transudations of blood from the skin have occurred at all ages, and in both sexes, but far more frequently in the female. We have met with two cases of this description in females, but

have known of one only in men. These rare forms of hæmorrhage are met with chiefly in chlorotic girls, and they are generally of that character which have been termed vicarious, the bleeding taking the place of some other habitual hæmorrhage. The first case of this kind which came under the writer's treatment, was in the person of a girl about eighteen, of fair skin and sandy hair, labouring under aggravated symptoms of chlorosis, with œdema of the lower extremities, and suppressed menstruation. In this girl, an oozing of watery blood took place around the nail of one of the great toes; it appeared several times, continued for a week or ten days, but did not assume the regularity of menstruation.

“The other case occurred in a middle-aged plethoric woman, who was troubled with a nearly constant oozing of a dark red fluid from the nipple of one breast, so that her dress was constantly stained by it. On pressure around the nipple, several drops of this dark bloody fluid could be obtained; it resembled a dark menstrual secretion more than real blood. The catamenia were not suppressed, but more scanty than might have been expected from so robust a woman. Dr. Watson has accurately described the phenomena which are usually observed in these cases. The surface of the skin becomes covered, in the part affected, by a dew of blood; if this be wiped away, no unnatural appearance of the skin is perceptible, but the blood presently exudes afresh. Although no alteration of texture can be seen, sometimes the colour of the skin of the part undergoes some modification. In a case related by Dr. Whytt, the hæmorrhage took place from the extremity of the middle finger of the left hand, and was preceded and accompanied by a spot of redness, and by slight pain. Analogous phenomena were observed in the case of a Lombardy peasant, who had occasionally considerable hæmorrhage from the extremity of one thumb. The facts of this case were communicated to the writer when a student at the University of Pavia, by Bartolomeo Panizza, the Professor of Anatomy.

“It has already been stated, that these various bleedings, from a limited portion of the surface of the body, are generally vicarious of some other habitual hæmorrhage; they are usually of short duration, and cease when the habitual discharge of blood is re-established. In some cases, however, the cutaneous hæmorrhage is obstinate,

and even assumes the regular periodicity of menstruation, of which it is vicarious. Examples of periodical cutaneous hæmorrhage are also recorded to have taken place in men. Dr. Watson quotes a case from Mayer, where hæmorrhage from the skin of the arm recurred every spring time; this exudation of blood was then capable of being induced by the mere contraction of the muscles of the part. Cutaneous hæmorrhage is sometimes more extensive, and assumes the appearance of a general bloody perspiration. Some cases have been observed to occur under the influence of some powerful mental emotion, or excessive bodily exertion. Many authors have doubted the existence of such cases; but history, both sacred and profane, has put on record instances of this rare and singular phenomenon.

“Charles the Ninth, King of France, is recorded to have exhibited this phenomenon during the last moments of his life. The blood is described as having oozed out all over his skin.

“Dr. Copland has detailed a remarkable instance of exudation of blood from the skin of a horse. An Arabian horse upon most occasions of exertion was covered with a bloody sweat, which became nearly pure blood upon great exertion. It was general, and unattended by any other sign of disease (*Dict. of Med.*) When the exudation of blood from the surface of the body is limited in extent, there is little danger, as it is generally vicarious of some suppressed natural discharge; the treatment consequently consists in endeavouring to restore that discharge. Those cases of bloody perspiration which have been alluded to, are of too rare occurrence to make their treatment a subject of especial consideration. Such a phenomenon occurring in the human being would always be regarded with alarm, and as indicative of some powerful impression on the nervous system.”

To return, however, from this long digression to the subject of hæmatemesis.

4. A fourth form of this disease originates in obstructed circulation, through the capillaries of the gastric mucous membrane, caused by disease in some other organ. This is named sympathetic hæmorrhage by Sir George Burrows. This is at once the most frequent form of the complaint, and the one possessing the greatest pathological interest; and therefore both demands and invites the most careful

consideration. Although obstructive disease on the right side of the heart (also disease of the lungs) is named by systematic writers amongst the causes of sympathetic hæmatemesis, yet we shall see from an examination of the circulation that this will operate first upon the liver, whose venous circulation lies between the stomach and the right side of the heart, and therefore certainly between the former and the lungs. We may therefore simplify the subject by observing that sympathetic hæmorrhage from the stomach, is always or nearly always due to obstruction of the portal circulation, and thus mainly to hepatic disease. A little further examination of the sources from whence the *vena portæ* derives its blood will throw light upon the matter before us, and some related facts; for example the frequency of the simultaneous occurrence of hæmorrhage from the stomach and intestines, and also the frequent coincidence of these hæmorrhages with a gorged state of the spleen.

It is well known to anatomists that there is a peculiarity in the structure of the liver which distinguishes it from every other secreting gland. In every other instance the secretion is formed from arterial blood. The bile, however, is secreted from venous blood; the reason of the peculiarity being, no doubt, that the latter contains a much larger quantity both of carbon and hydrogen than the former—elements which constitute seven-eighths of the bile. Or if we prefer to view this fluid as an excretion, we see how in this way the depurative function of the lung is supplemented by that of the liver, and superfluous carbon and hydrogen discharged from the system. In order that the portal vein may be enabled to perform a function ordinarily fulfilled by the arterial system, and supply material for secretion, it ramifies in a similar manner, and divides into capillary branches, which run through the substance of the liver in company with its other vessels. From these capillary branches of the *vena portæ* the bile is actually secreted. This large venous trunk is itself supplied by the contiguous abdominal viscera. The stomach, large and small intestines, pancreas and spleen, discharge all their waste blood into it, after it has circulated through their capillary vessels, and supplied these viscera with the needful pabulum, and enabled them to discharge their own respective functions. Violence or cold, however, may act upon the liver from without, or

ingesta unwholesome or excessive from within; and thus the reservoir supplied with blood as we have seen, becoming obstructed and replete, may itself be found a source of trouble to the organs which have sent to it their waste fluid, and through them probably to the whole system; and the scripture statement be verified, of which the pathologist so continually finds exemplifications, that "if one member suffer, all the members suffer with it."

If from any cause the areolar tissue of the liver become chronically inflamed and hypertrophied (of which we have a painful example in the hob-nailed or gin drinker's liver), the capillary or even larger branches of the portal vein being obstructed, the primary effect will be a congested condition of the related organs. This in the case of the stomach and intestines will probably result in diarrhœa or hæmorrhage if the mucous lining be affected, according as serum or blood is effused from the congested vessels. If the serous covering of these organs take on morbid action as a consequence of the hepatic disease, ascites will be the probable issue of the case. In some cases, however, of cirrhosis of the liver—the disease to which reference has just been made—an attack of hæmorrhage from this cause has led to the sudden death of the patient before disease had been even suspected. I have not seen this myself however; I state it on the authority of the late Dr. Tanner.

The effect of portal obstruction on the pancreas, will no doubt be congestion and probably graver diseases; but there is great difficulty in the diagnosis of the diseases of this viscus, especially in the presence of graver affections in its neighbouring organs. Probably, like its related gland, the parotid, it is seldom diseased. I have never, at all events, read of any case of sanguineous effusion into its substance. Not so with the spleen however, the other viscus named as sending its blood to the vena portæ. It is an exceedingly vascular organ, and distensible in structure, so that the same obstruction of the portal circulation which induces hæmorrhage from the mucous coat of the hollow viscera, will lead to dilatation of the spleen, sometimes to an enormous extent, in consequence of a gorged state of its vessels.

This fact is adverted to by several writers, but I have been surprised not to meet anywhere with the explanation which I have given of it—based on the anatomical and

physiological relations of the organs. There is no doubt, however, of the fact. Sir Thomas Watson refers to several cases in which an enlarged spleen was associated with hæmatemesis. In one of these cases, related by Morgagni, in a patient who died of vomiting of blood, the spleen was found to weigh 4 lbs. (its natural weight being 8 or 10 oz.), and to be gorged with dark blood. In another fatal case of hæmatemesis the spleen weighed 16 lbs. In a third case the spleen occupied nearly the whole abdomen; this patient, however, ultimately recovered, after repeated vomitings of blood and also hæmorrhage from the bowels; whilst the spleen could no longer be felt through the parietes of the abdomen. (Watson's *Lectures*, 5th Ed., page 499.)

This intimate relation between the spleen and the stomach and intestines, both physiologically and pathologically, may help to throw light on the subject of the function of the spleen, than which there has been no more disputed point in physiology. Will not the relation of its circulation to that of the other viscera which have been alluded to, and the free anastomosis amongst their vessels, enable the spleen to act as a safety valve, and to moderate hæmorrhage from the stomach and bowels in excessive engorgement of the liver, and completely to ward it off in a lesser degree of hepatic engorgement?

I had intended to make some remarks on the treatment of this form of hæmatemesis, but am compelled to reserve them to the next number of the *Review*.

(To be continued.)

REVIEW.

On Marienbad Spa and the Diseases Curable by its Waters and Baths. By A. V. JAGIELSKI, M.D. Berlin, &c. London: Trübner & Co. 1873.

Among the various continental resorts of seekers after rest and health, Marienbad, in Bohemia, has of late years largely increased in popularity, the number of visitors thereto having more than doubled during the last ten years. Some account, therefore, of the nature of its mineral waters, of the kind of disorders in which they have been found serviceable, and of the character of the country in which the "Spa" is situated, beyond that to be met with in ordinary balneological treatises, will be welcome to many.

Information on each of these topics is contained in Dr. Jagielski's *brochure*. Like most works of its class, there is a bright tinge of *couleur de rose* over everything connected with Marienbad; but nevertheless a considerable amount of information, well worth possessing, is contained in its pages.

After a brief description of the town and its neighbourhood, we are treated to a chapter *On Hygiene, Diet, and Regimen*, containing some sensible advice; though, were it not that valetudinarians are seldom weary of reading instructions as to what they should eat, drink, and avoid, such a dissertation would be somewhat out of place in a book purporting to describe a watering-place. No one, however, will be the worse for reading Dr. Jagielski's directions on this subject; and let us hope that some who habitually live in defiance of physiological laws will be the better for doing so.

The two principal springs are the Kreuzbrunnen and the Ferdinandsbrunnen. They contain small proportions of a large variety of salts, the chief being the sulphate of soda, the chloride of sodium, and the bicarbonate of soda, together with free carbonic acid. The latter spring possesses nearly 4 per cent. more of saline solids than the former, and almost double its amount of free carbonic acid.

In considering the physiological action of these waters, Dr. Jagielski proceeds upon a plan which appears to us to be very inappropriate for the attainment of his end. To ascertain aright the effect of any substance upon the human body, it must be tested as a whole. From the sum of the effects of the various constituents of opium, we could never obtain a satisfactory or reliable knowledge of the physiological properties of that drug. Neither can we, from considering in detail the action of each of the salts contained in the waters of Marienbad, when taken by itself, determine the kind of influence that will arise from them when in a state of natural combination. Nevertheless, this is the plan adopted in the work before us. "The knowledge," writes its author, "of the physiological effects of mineral waters depends upon knowledge of their components. Every single ingredient must therefore be considered in its separate effects on our organism. Such an investigation will lead us, no doubt, to a conclusion as to the sum total of their effects, both on the healthy organism and on the diseased." For our part, we think that there is a great deal of doubt about the matter; and we feel assured that much more valuable knowledge would be derived from experiments made by half-a-dozen healthy men and women, whose capabilities for cautious observation were beyond dispute, in taking daily doses of these waters for three or four weeks, than by any physiological analysis and hypothetical synthesis such as that proposed by Dr. Jagielski.

The effects of drinking the Marienbad waters resolve themselves into aperient, diuretic, and apparently stimulating actions; the Ferdinand's spring being the more active of the two. As is the case with most mineral waters of this character, the persons who derive most benefit from using them are those who lead sedentary lives and eat rich food in considerable quantities,—persons who suffer from the condition Dr. Murchison has recently styled *lithæmia*. Cases of jaundice, gall-stones, hypochondriasis, and “brain-fag,” together with such as suffer from dyspepsia, constipation, and chronic diarrhœa (!), constitute the chief forms of disease for the relief of which Marienbad appears to be best adapted. On the other hand, its waters are contra-indicated where there is great exhaustion, as after severe acute diseases, in organic disease of the heart or kidneys, in tubercular or cancerous diseases, and in the hæmorrhagic diathesis (p. 85).

The natural *Materia Medica* of Marienbad is not exhausted by the two springs we have described. It has besides, the Carolinen and Ambrosiusbrunnen, both of which are chalybeate, and are distinguished by their larger amounts of carbonates of protoxide of iron, and their small amounts of the carbonates of lime and magnesia. The quantity of iron is infinitesimal in both instances. There are also three other springs, the Rudolfs, Wiesenquelle, and the Waldquelle. The first contains a large quantity of carbonate of lime—half its solid constituents consisting of this salt. It has been found useful in strumous disease, and also in catarrh of the bladder. The Wiesenquelle is a similar spring, but much less rich in solid matter. The Waldquelle, is situated in a “romantic, charming, and shady place.” It is an acidulous-alkaline saline spring, similar to Selters, Fachingen, &c., and is remarkable for the large amount of free carbonic acid it contains. Its apparent action is weak, while its influence in stimulating the kidneys is more decided. Goat's whey is also largely prescribed at Marienbad, and is taken warm both with the Kreuzbrunnen and Waldquelle waters.

Feruginous-mud-baths, a very uninviting form of remedy one would think, appear to be much used at this watering-place. The mud consists of “a wet, soapy, smeary substance of a blackish-brown colour, of a particular bituminous, resinous, slightly sulphurous odour, astringent, bitter taste, and when dry is of a light grey colour” (p. 155). That our readers may have as clear an idea of the nature of these baths we will give Dr. Jagielski's account of them.

“The physiological effects of the mud-baths of Marienbad are due to the physical and chemical properties of the mud (Dr. Lucka).

“To the former belong: 1. Its tough, fatty, and smeary consistency, like an emollient poultice.

2. Its specific gravity, which increases the skin action, and indirectly influences the deeper lying organs.

“ 3. Its development of gases which give it the properties of a gas and vapour-bath.

“ 4. Its retention of warmth, which it keeps the longer on account of being a bad conductor of heat.

“ The chemical properties of the mud must be expected to answer as well in a common water-bath if the same ingredients are present, unless the absorption through the skin of all chemical substances soluble in water is denied; but apart from all theories, experience during each season affirms such chemical effects.

“ The physiological effects noticed when one enters a mud-bath, containing six cubic feet of mud, are, according to Dr. Kisch's experiments on himself and his patients—

“ (1.) A sensation of excitement, warmth through the whole body, especially in the face, oppression in breathing, and palpitation in those not accustomed to mud-baths, which symptoms cease after about ten minutes, leaving merely a red face, and a feeling of heat at the vertex of the head; from the buttock and scrotum extends a vivid burning sensation up the extremities and back, with more or less tickling in various places.

“ (2.) The first effect upon the pulse is an increase of from 10 to 12 beats per minute (in a novice of 16 per minute). During the remainder of the bath, it is true, this rate diminishes, but always remains from four to eight beats higher than usual; two hours after the bath it is again regular. The number of respirations is also raised generally from four to six breaths; in the beginning still higher, but half an hour after normal again. The more consistent the mud is the clearer these effects.

“ (3.) The bodily heat measured in the armpit increased during a bath of half an hour by $1^{\circ}.5'$ to $3^{\circ}.5'$ C. On bathing-days the temperature of the body in the morning and evening has been greater by $0^{\circ}.5'$ C. to $1^{\circ}.3'$ C. than usual.

“ (4.) The perspiration was more active immediately after the bath. The diuresis did not appear promoted after every water-bath, but more particularly after every gas-bath. The volume of urine has not been found increased in twenty-four hours, although, it is true, it appeared somewhat smaller than on the days on which a common water-bath or a carbonic-acid bath was taken.

“ (5.) The urates excreted in the urine were augmented by the mud-bath; the phosphates, however, diminished.

“ (6.) The congestion of the head and the hyperæmia produced in very plethoric persons, as well as attacks of fainting or bleeding from the nose, are consequences of disturbance in the nerves and circulation, and the discharge appeared greatly increased

when the baths were taken on the approach of menstruation." Pp. 158—160.

They are used in anæmia, gouty and rheumatic paralysis, and swellings owning a similar origin, hæmorrhoids, hyperæmia of the liver, swelling of the lymphatic glands, &c. Dr. Jagielski thinks that the influence of these baths is due to the presence of magneto-electric currents in the mud.

Carbonic-acid gas-baths are likewise used. In the bath the patient sits half dressed on a wooden chair, his head only out of the tub. The effects of this kind of bath are thus described:—

"The rate of the pulse diminishes during the first quarter of an hour in the bath by four to six beats per minute; but in twenty-five minutes it becomes normal, and even quickens, but quiet rest upon the sofa reduces it again. The respiration remains more or less normal; but if the duration of the bath be prolonged over an hour, the pulsations increase in frequency; quick respiration and congestion towards the head, feeling of pressure and weight in it, anxiety, and perspiration on forehead and temples occur. The bodily temperature, however, is not sensibly altered.

"The skin, however, becomes far more sensitive, red, and improved in its diaphoretic action.

"Diuresis appears increased through these baths; and during the stay in the tub very soon a desire to make water is noticed, and the amount of urine within the twenty-four hours has been found augmented. Menstrual bleeding is anticipated during the use of these baths by two to five days, and becomes more abundant." Pp. 163—164.

They appear to be employed chiefly in neuralgias and low types of skin disease.

There are also saline baths, rich in free carbonic acid, iron-baths, and a novelty in the form of pine-leaf baths. "Their effect is due principally to their amount of an essential oil resembling oil of turpentine, some resin and organic acids, especially formic acid."

As a handbook for visitors Dr. Jagielski has rendered his work especially useful by adding in an appendix "legal notes on letting and hiring for landlords, tenants and lodgers," while his sketch of the history of the town and its neighbourhood is interesting.

We have in reading this book been struck with the comparatively slight reference made to the climate of the district. Dr. Jagielski has apparently been so anxious to describe its waters that he has all but entirely forgotten to tell us anything

about its meteorological characteristics. All the information vouchsafed to us on this head is contained in the following passage:—

“The average barometer readings are 26.6 in.; the average temperature is $+ 6^{\circ}$ R. = 46° Fahr.

“The climate of Marienbad is that of Central Germany. The conformation of the mountain bay in which Marienbad is situated is such that the noontide sun has free access to it, whilst north, west, and east winds and violent storms are warded off by the densely-wooded mountains. It is true, however, that in consequence of the high level of the spa, the mornings and evenings are usually cool, and the development of vegetation is somewhat retarded. In consequence of this elevation, the air of Marienbad is not relaxing in the summer, and is, moreover, richer in ozone, which, with the healthy exhalations of the surrounding coniferous forests, favours increased activity of all the vital forces. The health of the inhabitants is excellent throughout. Epidemics never approach, and cases of severe or dangerous illness usually terminate favourably.” Pp. 2–3.

This is gratifying as far as it goes, but unfortunately it is all too vague and brief to be of much service as a guide to the physician.

In other respects this little book is worthy of attention as affording a clear and readable account of some mild and probably useful mineral springs.

EXTRACTS FROM MEDICAL LITERATURE.

IN the *Lancet* (Feb. 21st) is a paper entitled “*On Sulphide of Potassium, Sulphide of Sodium, and Sulphide of Calcium*, by SIDNEY RINGER, M.D.” It will be seen that sulphide of calcium is the sulphide which Dr. R. uses chiefly, and this is no other than our old and tried medicine, *hepar sulphuris*, under its chemical name. Comment upon this admirable piece of homœopathy is unnecessary; but appearing as an original article, and with no acknowledgment of the source of his information, is not creditable to Dr. Ringer’s notions of literary or scientific morality. We give the paper in full:—

“I wish to call attention to the value of sulphides, present in many natural waters, in abscesses, boils, and scrofulous sores. The influence of the group on the suppurative process is easily made manifest. Thus when sulphide of potassium or calcium is administered, a thin, watery, unhealthy discharge becomes at first more abundant, afterwards diminishing, and throughout continues thicker and healthier, possessing indeed the characters

of 'laudable' pus. The condition of the sore improves correspondingly, and its healing is promoted.

"The sulphides appear often to arrest suppuration. Thus in inflammation threatening to end in suppuration they reduce the inflammation, and avert the formation of pus. This effect is manifested when sulphur compounds are employed locally in *acne indurata*; but further on I shall speak more in detail concerning their employment in this eruption. The influence of this group is still more conspicuous after the formation of pus. They then considerably hasten maturation, whilst at the same time they diminish and circumscribe the inflammation. They promote the passage of the pus to the surface and the evacuation of the abscess. Their efficacy may be frequently demonstrated in cases of the following kind. An unhealthy child, from six to twelve months old, suffers from a slight sore throat, perhaps occurring in scarlet fever or measles. The sore throat produces considerable enlargement in the glands behind the angle of the jaw. The swelling, of stony hardness, may be sufficiently large to interfere with swallowing, and to push the head on one side. Suppuration takes place, but is very deep-seated, and for a long time there is neither redness of the skin nor fluctuation, and the pus very slowly makes its way to the surface, so that a fortnight, three weeks, or even a month may elapse before the abscess bursts, or is fit to be opened, when a deep hole is left, with considerable induration around it. The pain and constitutional disturbance are so great that the child sometimes dies; and even if this termination is averted, the deep discharging hole heals very slowly, owing to the indurated and unhealthy state of the adjacent tissues. If a tenth of a grain of sulphide of calcium, mixed with a grain of sugar of milk, is given in such a case every hour or two hours, the results are most striking. The swelling becomes smaller, the pus reaches the surface in four or five days, and when it is evacuated leaves a benign wound which quickly heals. The effects of these remedies are equally conspicuous in mammary abscesses, although in rare instances they appear temporarily to increase the pain—a remark which seems sometimes to hold good with respect to boils. But as a rule the pain is speedily mitigated. Singular to say, I have found these remedies of much less use in forwarding the maturation and expulsion of pus in indolent buboes, but my experience of their use in buboes has been but small.

"It may be urged that it is difficult to imagine how these remedies can produce effects so different and apparently opposite as the dispersion of inflammation in one case and the expulsion of pus in another; but poultices and hot fomentations certainly possess the property both of subduing inflammation and of preventing suppuration, and in other cases of hastening considerably the evacuation of pus.

“In boils and carbuncles these remedies yield excellent results. A tenth of a grain of sulphide of calcium, given every two or three hours, generally prevents the formation of fresh boils, while it lessens the inflammation and reduces the area of the existing boils, and quickly liquefies the core, so that its separation is much more speedy, thus considerably curtailing the course of the boil. Where the skin is not yet broken, and the slow-separating core therefore not yet exposed, the sulphides often convert the boil into an abscess, so that on bursting pus is freely discharged and the wound at once heals. These remedies meanwhile improve the general health, removing that debility and malaise ordinarily so markedly associated with these eruptions. In some cases, however, as in the deep-seated boils and abscesses of diabetes, they are powerless. In carbuncles the sulphides will generally be found equally serviceable, melting, as it were, the core into healthy pus, and so quickly expelling the dead and otherwise slow-separating tissue. In abscesses and carbuncles it is useful to apply belladonna over the inflamed part to reduce inflammation and allay pain. The skin should be thickly smeared with equal parts of belladonna and glycerine, and over this a poultice applied, renewing the belladonna each time the poultice is changed. Poultices, however, being liable to bring out a fresh crop of boils, one of the following plans should be adopted: Smear belladonna ointment some distance round but not over the boil, and then apply a poultice, the greasy application thus protecting the neighbouring tissues. Or, still better, apply a belladonna or opium plaster on leather, with a hole the size of the boil around the swelling, and through the opening smear glycerine and belladonna, covering all with a small poultice. The leather plaster efficiently protects the surrounding skin and averts the production of fresh boils.

“I have thought it worth while to mention these useful plans of protecting the boil; but it is scarcely necessary to observe that whilst investigating the effects of sulphides I have employed them alone, or at most sometimes using only a poultice. The good effects of sulphides are conspicuous in certain scrofulous sores not uncommonly seen in children. Scrofulous children during the first few months are sometimes subject to indolent abscesses in the cellular tissue which run a very slow indolent course. At first only a small hard substance is observable, no larger than a pea, under the skin, which is of natural colour, and moveable over it. The small substances next suppurate and gradually enlarge, the skin becomes adherent to them, and changes in colour to red or even violet, while sometimes in their neighbourhood the smaller vessels become enlarged and even varicose. They may grow to the size of a florin, and when matured feel soft and boggy. After a time a small circular open-

ing appears, not larger perhaps than a pin's head, through which escapes a thin unhealthy pus. If deep-seated, as on the buttocks, or in fat children, there may be very little or no discoloration of the skin. The chief noticeable character then is the small sharply-cut opening, as if a piece had been punched out. These formations follow one another, and may continue to distress the child for months or years. In mild cases a few only may form, whilst in severe cases there may be at one time ten or a dozen in different stages of development. When they heal they leave a white, sharply-defined, but not deeply depressed scar. On the administration every hour or two of a tenth or twentieth of a grain of sulphide of calcium the following effects occur:—New formations seldom appear, although for months or years the child may have been infested with them. Many of the abscesses, especially in a very early stage of development, dry up and disperse, others generally speedily come forward and discharge their contents, the pus being laudable, instead of thin and unhealthy. The abscesses already in an open state improve, their pus becoming healthier, and the wound healing speedily.

“In some cases, in addition to these subcutaneous formations the bones also become affected. The phalangeal bones of the hand are most frequently attacked, but not uncommonly the metacarpal, and more rarely the metatarsal. Where the phalangeal bones are affected, one or several of the fingers become nodose. For a long time the skin remains pale and freely movable, but after a time suppuration ensues, when the swelling increases, the skin becomes red and painful, and, after a time, slowly softens at one point, remaining boggy for a considerable time before the abscess opens naturally. Then generally a little bone separates, or in bad cases the whole of the shaft comes away, leaving the epiphyses behind. When an opportunity occurs to examine these bones before suppuration sets in, the shaft is found considerably enlarged, very pale, and the cancellous structure infiltrated with a straw-coloured firm substance, whilst the epiphyses and their cartilages are healthy. Even an affection so severe as this may be considerably benefited by sulphides. Thus before suppuration has set in, or whilst it has made little way, they often remove the swelling, though large doses may be required. After much suppuration, their good effects depend in a great measure on the amount of the disease of the bone. If the whole shaft becomes necrosed, of course the sore will not heal till this has been got rid of; but suppuration often occurs and yet but little, or perhaps none, of the bone dies. In such a case the sulphides hasten the expulsion of the pus, and if the skin is already broken before they are employed, they improve the character of the wound and the discharge, and the sore heals, leaving a sunken scar adherent to the bone,

whilst the finger slowly assumes its natural proportions. Large indolent abscesses may form on the back of the hands or feet. These are similarly affected by the sulphides. Whilst these remedies are thus influencing locally these strumous formations and abscesses, the child's health greatly improves, although failing previously, in spite, perhaps, of the administration of cod-liver oil and steel wine. That the improvement is due to the sulphide is shown by the fact that the amendment occurs where only this drug is administered. On prematurely discontinuing the sulphide, fresh formations are apt to appear, especially on the occurrence even of a slight illness; indeed, a severe illness will often excite a few fresh abscesses, in spite of the sulphides.

"The sulphides appear to me to exercise a very beneficial influence in suppurating scrofulous glands in the the neck. Here again they hasten the elimination of the pus, and subsequently the cheesy scrofulous matter. After the abscesses have burst, and continued slowly discharging a scanty, unhealthy pus, and when the edges of the sores have become much thickened and indurated, these remedies render the discharge more abundant, thick, creamy, and healthy, considerably hasten the evacuation of the scrofulous matter, which prevents the healing of the wound, and at the same time softens the round indurated edges, so that the sore heals much more speedily. If small doses appear to affect these sores but little, larger doses, as half a grain or a grain, should be given several times a day, or even every two hours. I need hardly say that to compass the results described the treatment must be continued several weeks, for it is vain to expect them to occur in a few days, when the sores have been discharging perhaps for months or even years.

"The topical effect of sulphur ointment, or of an ointment of the hypochlorite of sulphur, or, still better, of the iodide of sulphur of the Pharmacopœia, is most marked on acne indurata and acne rosacea. Here, again, the effects are twofold, and even opposite, according to the stage of the eruption. If applied at the very commencement of the eruption, as soon as the little hard knot is felt under the skin, further development is arrested, and the hardness speedily disappears. For instance, if smeared over the hardness just before going to bed, in the morning scarcely any induration will be felt, though after a time, perhaps from exercise, or the irritation from washing, much of the hardness may return, to be again removed by a renewed application of the ointment, so that in two or at most three days a papule that threatened to become of considerable size may be completely dispersed. When, however, the nodule has advanced further, and suppuration has set in, then the effects of the ointment are much like those of sulphides, administered internally, on boils. The ointment hastens maturation, limits the swelling and hardness, and thus considerably curtails the duration of the

eruption. Nay, further, if rubbed over the skin it appears to check the formation of the acne spots. If rubbed over the nose and neighbouring parts of the face in acne rosacea its effects are often striking. Not only does it act as in acne indurata, but the hardened, swollen tissues become softened and reduced to a more natural state. I have found the iodide of sulphur likewise useful in bromic acne, reducing the eruption, or at least considerably lessening the size of each spot. In acne the ointment should be thickly smeared over the eruption night and morning.

"Anyone who gives the sulphides a fair trial in the foregoing cases will, I feel confident, have reason to be gratified with the result."

In the number of the *Lancet* following the above (Feb. 28th), the following letters by Drs. THOROWGOOD and BURNES appear; they are interesting and amusing:—

"To the Editor of THE LANCET.

"Sir,—Dr. Ringer has done good service in bringing into prominent notice the use of certain sulphides in diseases attended with suppuration.

"About ten years ago I had under my care a child afflicted with unhealthy strumous ulcerations in the neck and other parts of the body. The sores had thickened edges; and, in some, a small greenish slough formed. There was no evidence of syphilitic taint. Cod-liver oil and iodide of iron had no curative action, but on giving half-grain doses of sulphide of calcium in water a very striking amendment took place.

"I have found the sulphuretted potash of B.P. an admirable remedy in many cases of glandular suppuration. In follicular tonsillitis, also, I have employed this salt with highly satisfactory results. One grain can be made into a pill, with a drop of oil of anise added as an effectual means of overcoming the abominable odour of the salt. When made, the pill may be coated with ethereal solution of tolu; this will not only conceal the smell, but will prevent the contained sulphide absorbing oxygen and becoming an inert sulphate.

"M. Tiry, of Paris, prepares capsules containing the sulphuretted potash. In these the salt is perfectly protected from the air, and in this form the drug is readily given to the most fastidious of patients. The capsules that I have seen and used were obtained from Messrs. Corbyn, and imported by that house from Paris.

I am, Sir, obediently yours,

"JOHN C. THOROWGOOD, M.D. Lond.

"Lecturer on Materia Medica at Middlesex
Hospital.

"February, 1874."

"To the Editor of THE LANCET.

"Sir,—Your issue of February 21st contains an article by Dr. Sidney Ringer on the sulphides of potassium, sodium, and

calcium, in which he refers to the power of these agents to control suppuration, and states that he has found them to be valuable agents in the treatment of boils, carbuncles, scrofulous glands, and many skin diseases. With his statement I fully concur, having frequently used the sulphides in the treatment of similar cases with great success. But, however interesting and curious these facts may be of themselves, I think more valuable instruction may be derived from them if we seek to ascertain how and why they are such valuable therapeutic agents in the treatment of the special affections alluded to, and, having gained this knowledge, we will then have a scientific basis on which to found our treatment. Therefore, having this object in view, I trust you will allow me to quote the following remarks from my work on the *Specific Action of Drugs*, where I premise that the full therapeutic value of any drug is only to be obtained by first ascertaining its physiological action. Now, as regards the sulphides, when swallowed in a full dose they are, to a certain extent, decomposed by the free acid in the stomach, sulphuretted hydrogen is evolved, and some of the effects produced are due to this gas—viz., an acid taste in the mouth, burning pain in the throat and stomach, dry cough (sometimes vomiting and purging), feeble pulse, faintness, convulsions, or a state of sopor. But in smaller doses, frequently repeated, they produce an anæmic condition, with general nervous depression. Applied externally they cause a papular or vesicular eruption, and it is well known that the sulphides, like sulphur, are eliminated by the skin in the form of sulphuretted hydrogen.

“ Now these facts indicate that the specific action of these agents is upon the skin and mucous membranes in the process of elimination, and also to a certain extent upon the blood corpuscles (the secondary effects being due to the changes produced in the nature and quality of the vital action of these parts). We naturally infer that the therapeutic action of these agents will be on the same tracts, and hence we are led to use them in such affections as chronic catarrh, follicular sore-throat, chronic bronchitis, abscesses, scrofulous glands, and many skin diseases; also to improve the condition of scrofulous children suffering from indolent abscesses, but in these cases we give a less dose than a physiological one—viz., a *restorative* dose.

“ We can thus remove the sulphides from the list of empiric remedies, having facts at our disposal to account for their remedial action, for I have indicated that given in a physiological dose they influence certain specific parts; and daily experience (*e.g.*, the cases communicated by Dr. Sidney Ringer) confirms the truth of the inference that in a restorative dose they will beneficially influence the same parts when deranged, and this they do either by in some manner altering the nature and quality

of the vital action of the parts or by removing the state of combination of the elements which excited diseased action, and thus enabling the normal powers of nutrition to restore the healthy constitution; and this I consider applies not only to the sulphides but also to every other drug. Now in reference to the dose mentioned by Dr. Sidney Ringer—viz., one-tenth of a grain every two or three hours—I consider the quantity quite sufficient, and this for two reasons. 1st. Because the sulphides are comparatively insoluble and slowly diffusible salts, hence require to be given in small and repeated doses to ensure their being absorbed into the system, for if a large dose be given at once it may pass through the intestinal canal before it can be changed into a condition necessary for absorption; moreover, by giving small and repeated doses we can keep the system longer under the influence of the drug. 2nd. A small dose is indicated because we wish the restorative action of a drug on a part whose functions are deranged, and not its physiological action, at least in the cases mentioned above.

“I remain, Sir, your obedient servant,

“ALEX. G. BURNES, M.B., &c.

“Green Street, Grosvenor Square,

“Feb. 23rd, 1874.”

The following occurs in the *Brit. Med. Journal*, March 7th:—

“*Abortive Treatment of Boils.*—The *Cincinnati Lancet and Observer* has a note from Dr. C. B. HALL, stating that the following, applied to boils with a camel-hair pencil or feather, gives great relief in a very short time: Tincture of arnica flowers, one drachm; tannic acid, half a drachm; powdered acacia, half a drachm. The inflamed surface, and a little beyond all around, should be painted with the medicine every fifteen minutes, or as fast as it dries, till a good thick coating covers the part. The throbbing, tensive pain, and the intense tenderness will be promptly relieved; the redness will subside; the smooth, shining integument will shrink and become wrinkled, and comfort will succeed torment. If the boil be in the first stage, it will disappear without sloughing. If sloughs have already formed, it will be quickly separated, and the cure will be soon complete. The preparation should be used as soon as prepared.”

The following occurs in the *Medical Times and Gazette*, March 7th:—

“*Poisoning by Vinum (Seminis) Colchici.*—Dr. MAJOR read an interesting paper on the above subject at the Montreal Medico-Chirurgical Society, which is reported at length in the *Canada Medical and Surgical Journal* for December.

“A considerable quantity of *vinum colchici* (made with four ounces of the seeds to the pint) having been stolen, was consumed by the thieves and their friends, with the result of pro-

ducing numerous cases of poisoning. The present paper is founded on seventeen such cases, seven proving fatal and ten recovering. Unfortunately the coroner refused to sanction post-mortem examinations, so that the pathological appearances have not been ascertained. From Dr. Major's *résumé* we extract some of the particulars observed during life. In from forty-five to ninety minutes, vomiting ensued, thus producing, first, bilious discharges, and then a fluid similar to the 'rice-water' of cholera—for which disease, indeed, some of the cases were at first mistaken. When the amount taken had been very large, purging came on simultaneously, but otherwise it was delayed for some hours. In the fatal cases, both vomiting and purging continued to the last. There were severe cramps, and in some cases severe pain in the knee or shoulder. The features were pinched, and the nose and lobes of the ears were blue; the eyes were congested, the pupils being slightly dilated; the voice was hoarse and husky, and great irritation was felt in the throat, as if from an attack of laryngitis. There was intense thirst, the liquids drunk being immediately rejected. The lower extremities were icy cold, but the rest of the body had a warmish clammy feel, although it was below the normal temperature. The pulse varied from 125 to 145, being very small and compressible, and at times imperceptible at the wrist, though it could be detected at the elbow. For several hours before death the carotids were almost pulseless, and the heart's impulse could be heard only with difficulty. The respiration was full and easy, and well maintained throughout. The patients continued sensible to the last, and muscular strength was retained, all the patients being able to sit up or even to walk. They were perfectly sleepless. The seven fatal cases occurred in subjects from twelve to forty-five years of age, the amount of the wine taken amounting to from three to ten ounces, and the patients living for from nineteen to twenty-nine hours. The recoveries occurred in subjects between three and thirty-nine years of age, most of these having taken very small quantities, except a man aged thirty-five, who drank eleven ounces. Large doses of brandy and ammonia were administered."

D. D. B.

EXTRACTS FROM FOREIGN MEDICAL LITERATURE.

On the formation of Glycogen in the liver:—B. LUCHSINGER (*Pflügers Archiv*, VI. 1873) states as the result of his observations on the effects of feeding animals on different diets, that glycerine increases the proportion of glycogen contained in the liver, not however because it easily undergoes combustion, and thus spares

glycogen, but because escaping (*entrinnend*) oxidation it reaches an organ in which its conversion into sugar is rendered possible. He believes, therefore, that glycogen, originates from glycerine as well as from the carbo-hydrates.

Formation of Pepsin.—Ebstein and Grützner (*Ibid*, VIII. 1873) state that their investigations have led them to the conclusion that pepsin exists in the chief cells ("*Haidenhain's Hauptzellen*") of the fundus of the pyloric glands, not in the pure state but in combination with albumen. It can be extracted in this form and combination by water, in which it is soluble, but then possesses no digestive activity. But when the compound is broken up, the pepsin, freed from the albumen, exerts its ordinary action. In the fundus ventriculi the mucous membrane of the gland cells is covered, in addition to the *Hauptzellen*, by investing cells (*Beleg-zellen*) the contents of which, when discharged, act like common salt or hydrochloric acid, in decomposing the combination between pepsin and albumen. In fact they believe the investing cells contain chlorides, which exert the influence in question.

Influence of Morphia on Nutrition.—KRATSCHMER (*Wiener Sitzungsberichte*, III. IV. and V.), in a paper upon the "Influence of Morphia and of Carbonate and Sulphate of Soda upon the Formation of Sugar and Excretion of Urea in Diabetes," gives the results of a prolonged series of observations.

Their conclusions show that we possess in morphia a means that not only very materially reduces the excretion of sugar in the urine in this disease, but materially diminishes the metamorphosis of tissue in the body generally. In a broad point of view, therefore, morphia resembles alcohol and tobacco in this respect, and would form a valuable means of making up for an imperfect supply of food.

On Numeration of the Corpuscles in Transfusion of Blood.—M. BROUARDEL (*Bulletin de Thérapeutique*, January 15) gives an interesting report on a case of transfusion of blood in an individual dying of prostration from intractable vomiting after swallowing sulphuric acid; 150 grammes of blood not defibrinised, taken from his house-surgeon, M. Laudouzy, were injected into the vein of the arm. The immediate consequences were favourable, but in twenty-six hours a relapse occurred, and the patient died with hepatisation of the lower lobes of the lung. The necropsy showed ulceration of the pylorus. This observation showed this important point, that the application of M. Malassez's new method of numeration of the blood-corpuscles (*London Medical Record*, January 8, 1873) has allowed it to be ascertained that a rapid destruction of the elements of the blood occurs when the individual cannot repair the incessant losses of the economy; while, in an individual in good health, repair is rapidly

effected. Thus the patient had 3,200,000 red corpuscles in the cubic millimètre of blood; after the injection of 150 grammes of blood the figure was raised to 3,200,000; but thirty hours afterwards it was again at the previous figure of 3,200,000; while in M. Landouzy, who had lost 300 grammes of blood, the number of blood-corpuscles before the bleeding was 4,300,000, immediately after it 4,000,000, and twelve hours afterwards, 4,100,000. M. Dujardin-Beaumez related a case of obstinate anæmia, in which transfusion produced a temporary benefit, as in the above case, and was twice repeated when that effect had passed off; the amelioration after the third transfusion was, however, of very brief duration, and the patient died on the following day. The results of the enumeration of the corpuscles mentioned above gives a key to the transitory effects of transfusion in these cases.

J. G. B.

MEETINGS OF SOCIETIES.

HOMŒOPATHIC PHARMACEUTIC ASSOCIATION OF GREAT BRITAIN.

THE Annual Meeting of this Association was held at Leicester on the 12th ult. The President, Mr. POTTAGE, of Edinburgh, delivered an address of considerable interest. In it he drew the attention of his colleagues to the importance of rendering the Association a means of education, enlarging chiefly on the kind of education it should promote, and the resources they possessed for rendering that education available and sufficient. In treating of these topics Mr. Pottage enforced the primary importance of all pharmaceutic students undergoing a thorough training in chemistry, botany, and physiology. He thought the time had come when their studies should be pursued in a school where the professors were acquainted with and recognized the value of homœopathy. He fully admitted the advantages to be derived from the lectures on scientific subjects at present open to the student, adding, that while recognising with existing lectures the facts and principles common to every scientific system of medical doctrine, we have something to add which not only simplifies and explains, but greatly extends the scope and certainty of the healing art. For the explanation, history and exposition of the scientific value of this he desired special instructors. He further strongly urged that the attention of the Government should be directed to the necessity of supplying this want. He then proceeded to point out the details of practical pharmacy in which the student should be instructed in the laboratory of the pharmaceutical chemist, urging that his progress as a practical learner and assistant would greatly depend

upon the extent and thoroughness of the scientific information he had previously acquired by reading or in the schools.

After dwelling upon the importance of extending the knowledge of botany and chemistry, he passed on to consider what inducements could be held out to students and others to prosecute their studies with the view of making further discoveries in these branches of science. To this end he thought the Association could not do better than employ a portion of its funds in giving money prizes to the most diligent and successful investigators. After some observations on the advantages of original research and of experiment over mere reading, Mr. Pottage concluded by congratulating members on the prosperity of the Association, and by paying a brief tribute to the memory of the late Mr. GOULD.

A paper on the *Preparation of the Matrix Tincture of Nux Vomica*, was then read by Mr. BROWN of Sheffield, which was fully discussed. Several subjects of pharmaceutic interest were afterwards considered, and the meeting adjourned.

NOTABILIA.

"HOMŒOPATHY DISGUISED."

SUCH is the title given to a review in the *Chemist and Druggist*, of the work by Messrs. Burness and Mavor, noticed by us in our last number. That it is thoroughly appropriate to the book no one can deny. The reviewer quotes a passage from the second chapter, a portion of which will be found on page 161 of the March *Review*—one which is obviously neither more nor less than homœopathy—and then remarks:—

"We quote these passages, not with the object of disputing them, but simply that our readers may discover, if they can, wherein the authors have enunciated anything novel. For ourselves we acknowledge that we are fairly puzzled. 'Our theory' is paraded with much display in the introductory pages of this book, and when it is at last exhibited we find it to be purely and simply the framework of the homœopathic system of medicine. Surely the authors know this: reserve has not been one of the faults of our homœopathic friends, and yet from beginning to end of this book there does not occur the slightest trace of an acknowledgment of Hahnemannian inspiration; but the authors write with an apparently honest unconsciousness that they have ever been forestalled in their theories.

"The quotations we have given must surely indicate to any one who knows anything of homœopathic literature that Messrs. Burness and Mavor are publishing the principles summed up in the maxim, *similia similibus curantur*. . . . We see no reason

why these gentlemen should not become the apostles of any dogma they believe to be true ; but it is rather late in the day to profess any originality in a notion which has been hammered at with excessive vigour by a considerable host of medical writers from now back to Hahnemann, and which, opponents say, can even be traced to the writings of Galen, Celsus, and Hippocrates."

In concluding his review, the writer cannot admit "that the few suggestive remarks and experiments which are scattered through the work are sufficient to justify its publication, or to counterbalance the dead weight of old matter and old theories which encumber its pages."

LONDON HOMŒOPATHIC HOSPITAL BAZAAR.

It has now been finally determined that the Bazaar will be held at the Riding School, Knightsbridge Barracks, on the 11th, 12th, and 13th of June. The pictures and engravings which have been presented to the Fine Arts' Distribution Collection are now on view at the Hospital ; and we may add that the Board of Management will feel much pleasure in showing them to any who may be disposed to inspect them. Beside the large painting by Houstin (45 by 30 inches), Pictures, which are all offered as Prizes, have by the kindness of friends been received from the following well known Artists :—Rowbotham, Ellis, John Clark, James Orrock, Arthur Croft, Holyoake, Mrs. Marrable, Arthur Strutt, Herbert, Petragani, and others. Valuable engravings, etc., have also been given to the Bazaar Committee, also through friends, for the purposes of this Fine Art Distribution, and will be added to the Prizes.

A Subscriber, for each Guinea, will be entitled to one chance of a Prize, and will in addition receive, at his option, either a photograph of the principal Prize, or a photograph from a Picture by Margaret Gillies, entitled "The Eastern Mother," kindly lent for this purpose by Mrs. Trueman. The Photographs will be registered, and will remain the property of the Hospital.

These Photographs will be printed under the Carbon process, thus rendering them permanent, by the Autotype Company, from negatives by Dixon of Albany Street.

The Drawing will take place as soon as convenient after the Bazaar, in the Board Room of the Hospital in Great Ormond Street, under the superintendence of the Board of Management, of which the Right Hon. Lord Ebury is Chairman.

BIRMINGHAM HOMŒOPATHIC HOSPITAL.

At the recently held Annual Meeting of the supporters of this Institution it was announced that the new Hospital will be

ready for occupation to a limited, but still for the time being sufficient, extent by Midsummer. The building now in course of erection is in a part of Birmingham known as Easy Row. The extent of land is nearly 1,200 square yards, and will allow of the new Hospital containing 100 beds. The Committee propose to commence with an accommodation for 40 beds, the number at the present Hospital being but 20. The cost of the land and buildings will, it is estimated, amount to £12,000, of which nearly £9,000 have been obtained; and there is no doubt but that the remaining £3,000 will not, in a town like Birmingham, be allowed to remain a debt upon the Institution. The income of the Hospital is made up from various sources, viz: Annual Subscriptions, occasional Donations, a share of the proceeds of "Hospital Sunday," and of "Hospital Saturday" Collections, and small subscriptions from a certain class of patients who, while too indigent to pay for private medical attendance, are sufficiently well off to contribute somewhat to the support of the Institution to which they are indebted for their relief in sickness. During last year the Committee obtained £1,320 through these several channels. This sum the Committee are anxious to increase to £1,500; and with the admirable organization for the development of the Charity, this amount will be easily raised.

We have much pleasure in drawing attention to the prosperity of this Institution, one which has a fine future before it; one which we trust may be made available for educational purposes. In Birmingham there is a Medical School taking high rank among our Provincial medical schools. The teaching obtained there might with much advantage be supplemented by Clinical Lectures at the new Hospital. For such a work no homœopathic practitioners are better qualified than Dr. Blake and Dr. Wynn Thomas; and, with the new Hospital, Birmingham will be exceptionably well fitted to undertake this important duty.

HOMŒOPATHY IN PESTH.

DURING the coming Summer Session of the University of Pesth, Professor HAUSMANN will lecture every Monday and Tuesday on the Pathogenesis of Phosphorus and its Compounds, and on Wednesdays, Thursdays, and Fridays, on the Pathology of Drug Provings. Professor von BAKODY on Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays, on Special Pathology and Homœopathic Therapeutics. Clinical lectures will be delivered by the homœopathic members of the medical staff of the hospital of St. Rochus and Budapest.

The foregoing represents a complete school of homœopathy. Every subject on which we differ from the brethren who deny the truth of homœopathy is represented. Professors Hausmann

and von Bakody are well known and able teachers, and in addition to their public discourses are willing to give private instruction in homœopathic medicine. Students of homœopathy cannot do better than repair to the ancient capital of Hungary.

BRITISH HOMŒOPATHIC SOCIETY.

At the Meeting of the Society to be held on Thursday evening, a Paper will be read by Dr. DYCE BROWN, On *Some Points in the Therapeutics of Apomorphia and Chloral*.

We would take this opportunity of calling the attention of those members who have not as yet forwarded their Subscriptions to the Secretary (Dr. Drury), that they would much facilitate the transaction of the business of the Society, and lighten his labours by remitting their dues forthwith.

OBITUARY.

EDWARD ACKWORTH, M.D.

WE regret to announce the somewhat sudden death of Dr. ACKWORTH, of Brighton. Our late colleague was a graduate of the University of Edinburgh. For many years he practised in Cheltenham, where he held the appointment of Physician to the General Hospital. For some time previously to 1851 Dr. Ackworth's attention had ever and anon been directed to homœopathy, but it was not until that year that he felt its study to be a duty incumbent upon him. Dr. Ker, we believe, it was who assisted him in his early investigations, which were supplemented by a visit to the Hospitals at Vienna. On his return he devoted himself to the practice of homœopathic medicine. In 1852 he published in the *British Journal of Homœopathy* an account of the circumstances which led to his conversion to homœopathy. It is a short paper, but one which abundantly shows the highly honourable character he never failed to display throughout his entire life. It is a paper which might, we think, be read with advantage by some of those plagiarists of homœopathy whose number is so constantly increasing. "I began," wrote Dr. Ackworth, "to fear it might be true. And if it were true there was cause for fear. Did I not know what its belief would cost me? . . . And then the thought flashed across me—You are a coward!—you dare not face the light! And then I whispered to myself—How base! You are caring nothing for the interests of Truth—You are caring only for your own! And then, too, I recollected the obligation I was under to do the *best* I could for suffering humanity, and I knew that the *best* involved *comparison*, and I felt that if I said I had done my best, there was something might tell me it was false! I would not have borne this from anybody else. I would not bear it from myself. Whatever it

might cost I would set my mind at rest." It was in accordance with such high views of duty and principle that Dr. Ackworth set himself to study homœopathy. In 1863 our deceased colleague removed to Brighton where he has since resided. For a considerable time his health has been but feeble, but in spite of the remonstrances of his medical friends he insisted on persevering in professional engagements; and it was on his return from an effort to see a patient that his fatal illness commenced with severe pain in the epigastric region. Congestion of the lungs, with, it has been suggested, internal hæmorrhage, followed, and he died on the 17th ult. at his country house, Elfinward, Hayward's Heath, in the 65th year of his age.

The profession of medicine has known no more honourable member than our deceased colleague. A well read scholar and thorough gentleman; Dr. Ackworth will be long regretted and mourned by very many deeply attached personal friends.

CORRESPONDENCE.

ON INFINITESIMALS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—As the following extract from Dr. Rudolph Leonard Tafel's work entitled *Swedenborg, as a Philosopher and Man of Science*, may not be uninteresting to homœopathists, you may be induced to give it a place in your pages, when not overpressed with more important matter.

In Dr. Tafel's article, p. 229, on Swedenborg's *Doctrine of Least*s, the following passages occur:—

"This doctrine is taught by Swedenborg in the following passages:—

"It is one of the rules in the doctrine of degrees, that a particle of any volume or homogeneous mass constitutes its least volume or its least mass, or that this particle is a small volume or small mass in its smallest term or boundary, or is a unit of the volume or homogeneous mass in which it is. This particle or unit, how often soever it may be repeated in whatever numbers it may be congregated, however it may be increased in multitude; or on the other hand, to whatever fractions its aggregate may be reduced, however, it may be diminished in number, or decreased in multitude, yet never makes any transition into an inferior or superior degree. Thus water, oil, spirits, whether we assume a part of it, a small drop, a streamlet, a lake, or an ocean, does not cease to be water, or oil, or spirits Common salt, nitre, alum, stone, metal of any given species, whether it be a portion, a mass, a mountain, does not cease to be salt, stone, or metal belonging to that species

The same rule holds in regard to all other things, the division of which continues, without any change of nature, even to their component units, or the constituent elements of that degree."—*Econom. of A. K.*, Part I. n. 156.

From this extract and others which I do not quote, Dr. Tafel makes three points, the first and third of which I extract.

"1. Every substance of the animal, vegetable, and mineral kingdom may be divided into its least parts without losing any of its qualities and attributes."

"3. *The greater the reduction of a substance into its constituent particles, the more distinct are its effects, and the greater its power.*"

The first of these points has been proved in a remarkable manner by the discoveries made by the Messrs. Kirchoff and Benson with the "spectroscope."

By this instrument it has been discovered that every elemental substance, especially the alkaline, presents a peculiar image in the flame in which it is burned. These images are minutely described by the spectroscopists; and by their means they can discover elemental substances in immeasurably smaller quantities than by the most delicate chemical tests; thus proving that these alkaline substances preserve their identity and their individual qualities, as far as human ingenuity has been able to trace them.

The other point of the doctrine has been proved in an *equally convincing* manner by the medical system, called "homœopathy." The practitioners of this system have discovered that substances, which in their crude form exercise a scarcely perceptible influence upon the human system, when administered in a triturated or diluted form produce the most marked effects. They have also found, that when the human system (by disease) is rendered peculiarly sensitive, or predisposed to receive impressions from certain substances in nature, it is affected by medicines in the very highest state of mechanical attenuation. Another result of their experience is, that chronic diseases which are deeply seated in the system frequently yield only to medicines in the highest possible attenuated form; because in this form "they are more perfect in regard to form, essence, attributes, accidents, and qualities," and are "less limited, more free, in greater potency, more sensible, more rational, and more lasting."

During the present epidemic, characterized by a blind rushing after brute force and crude forms in the use of medicine among homœopathists, the preceding considerations may be not without their value; and they afford a high probability that science will yet take up the most despised and obnoxious parts of our practice, and hold them forth in its light to the admiration of those who had previously scoffed at them. The vain attempts at a *reductio ad absurdum* will have a tremendous recoil, when

the loudest laughers will feel themselves "infinitely small, and the materials which the builders rejected become the head of the corner."

Yours, &c.,

THOMAS HAYLE.

Rochdale, January, 1874.

THE HOSPITAL BAZAAR.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—As I find that some of our colleagues, notwithstanding your repeated notices of the subject in your journal, are still ignorant of the meaning and working of the Fine Art Distribution, in connection with the Bazaar to be held in aid of the London Homœopathic Hospital, will you allow me to state that it is based on the plan of the old and well-known Art Union, only our prizes are in kind, instead of cash. The Committee, through the kindness of friends, have already collected about sixty works of art of different kinds, amounting in money value to between seven and eight hundred pounds; and others are promised. These will constitute so many prizes, of which each guinea subscriber will stand an equal chance of winning one, or more, according to the amount of his subscription; and every subscriber, whether a prize-holder or not, will be entitled to a photographed copy, executed in the permanent autotype style, of the principal prize, "The Captured Banner," by Houston.

I cannot conclude without expressing an earnest hope that our medical brethren, both in town and country, will avail themselves of this excellent opportunity of lending the Hospital a helping hand, by procuring subscribers to the scheme amongst their friends and patients. Judging from my own limited experience, there must be a vast number of persons who could not, or would not attend the Bazaar, who would, yet, readily subscribe to this Fine Art Distribution. The burden of supporting the Hospital has, of late years, been thrown too exclusively, and very heavily, upon comparatively a few hands—hands that must naturally weary of the continual struggle with the ever-increasing claims of the charity. But why should it be so? What is the Hospital to them, more than to the rest of us? As the national expression of the reality of our principles and practice, we are all equally interested in its prosperity, as we should equally suffer in the eyes of the public, from its failure. I am afraid we are many of us too ready to excuse ourselves for inaction, under the selfish plea, that as the Hospital has hitherto flourished through the exertions of others, there is no need of our troubling ourselves now. I trust this plea will no longer be allowed to prevail, but that we shall each of us do

what we can to render the forthcoming Bazaar and Fine Art Distribution a great success. *The Hospital needs it.*

I am, Gentlemen, your obedient servant,

S. YELDHAM.

March 18th, 1874.

NOTICES TO CORRESPONDENTS.

°° We cannot undertake to return rejected manuscripts.

MARSTON ORPHAN FUND.—Dr. Bradshaw has received the following additional subscriptions:—Mrs. Ozanne, 10s.; Dr. Haughton, 10s.; Dr. ROWAN, £1; Dr. S. Morgan, £1 1s.; Dr. Ruddock, £5.

Dr. A. DE NOÉ WALKER.—You would be rendering a great service to homœopathy, if you would take up the *last* edition of the British Homœopathic Pharmacopœia—published in 1870—and send a list of the corrections that you deem desirable to Dr. Drury, the Chairman of the Committee appointed to prepare the revised edition of the Pharmacopœia.

A HOMŒOPATHIC PRACTITIONER is much desired—Mr. HARMAR SMITH has requested us to state—in Shrewsbury, Dr. Cartwright having recently retired from practice.

Communications, &c., have been received from Dr. SHULDHAM (Maidstone); Dr. MASSY (Brighton); Dr. SHARP (Rugby); Dr. SIMPSON (Liverpool); Dr. YELDHAM (London); Dr. DYCE BROWN (Aberdeen); Dr. MOORE (Liverpool); Mr. POTTAGE (Edinburgh).

BOOKS AND PERIODICALS RECEIVED.

Apoplexy not a Disease. By E. A. MURPHY, M.D. Cleveland: L. H. Witte. 1874.

Notes in Electro Surgery, with Cases and Operations. By E. A. MURPHY, M.D. Chicago. 1874.

The Homœopathic World, March. London: Jarrold & Son.

Report of the York Lunatic Hospital, 1874.

The Chemist and Druggist, March. London.

The Calcutta Journal of Medicine, Oct., Nov., and Dec., 1873.

Boericke & Tafel's Quarterly Bulletin of Homœop. Literature, Feb.

The United States Medical and Surgical Journal, January. Chicago.

The Medical Investigator, February. Chicago.

The Hahnemannian Monthly, March. Philadelphia.

The New England Medical Gazette, February and March. Boston.

The Am. Journ. of Hom. Mat. Med., February. Philadelphia.

Bulletin de la Soc. Méd. Hom. de France, February. Paris.

Bibliothèque Homœopathique, February. Paris.

Allgemeine Hom. Zeitung, March. Leipsic.

La Reforma Médica, January and February. Madrid.

El Criterio Médico, March. Madrid.

Rivista Omiopatica, February. Rome.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E., or to Dr. H. NANKIVELL, Penmellyn, Bournemouth. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE MATERIA MEDICA.

THE study of the action of drugs upon the health, and of their application to the cure or relief of disease, comprises the portion of the field of practical medicine which homœopathically-practising physicians have most successfully cultivated. The records left by HAHNEMANN of experiments with more than a hundred remedial agents of this class, those which we owe to Trinks, to Stapf, to Hering and others, are an addition to the resources of the physician, of incalculable value. They have served us, and served us well, in many a hard-fought battle with disease; they constitute a monument to the industry and self-sacrifice of those who performed and published them; while they remain as an example to us, and to all who desire to practise the art of medicine, of the way in which the hidden virtues of plants and minerals may be revealed and turned to the advantage of the sick. Similar experiments have been made with many of the indigenous plants of the United States, by some of our indefatigable colleagues in that country. These have been somewhat damaged in reputation from their having been placed before us mixed up with a large number of empirical observations, which have too often proved misleading. So far, however, as the pure experiments are concerned, we have every reason to be satisfied with the results we have derived from them. Of late years a number of new

remedies have been introduced into general practice, such as the *bromide of potassium*, the *hydrate of chloral*, and the *nitrite of amyl*. These have not been studied in a scientific manner by homœopathic physicians, but their neglect of them has been largely compensated for by the records of the results of overdosing with them, at the hands of those who have employed them empirically. Hence we are now able to prescribe these medicines homœopathically with considerable confidence. It is true that we lack the "contingent symptoms" described by Dr. Drysdale, and hence they are for the most part only available in acute disease, but still in many instances information derived from this source has proved eminently serviceable.

Thus we see that Germany, Austria and America have furnished us with nearly all the provings we possess. In England, with the exception of Dr. Drysdale, who proved the *bichromate of potash*, the late Dr. Rutherford Russell, who provided us with all the information we possess with regard to the poison of the *cobra di capello* snake, and Dr. Craig, who furnished us with experiments on the action of the *cotyledon umbilicus*, we have done nothing worthy of note. Our contributions to a physiological Materia Medica have consisted for the most part of a collection of the blunders of physicians who, knowing no law of cure, are a law unto themselves, and whose mishaps are proportionately considerable. We do not wish to underrate the value of this mode of adding to our therapeutic knowledge, but assuredly the course pursued is not the most lofty that might have been adopted.

Many years ago Dr. Drysdale, the late Dr. Atkin and others exerted themselves towards the re-arrangement of our Materia Medica. They devised with much ingenuity an elaborate plan for a Repertory or index to the symptoms recorded in the various provings, and republished, in a thoroughly reliable and useful manner, the details of the provings of our most important drugs.

For a time the scheme prospered. Several portions of the Repertory appeared at long, but still not inexcusably long, intervals. Three provings were arranged, and that in a manner superior to any ever published. The zeal of the early workers now commenced to flag, and each who had undertaken a share of work began to make excuses. Difficulties with the publishers arose, and for long appeared insurmountable. After much debate and arbitration these finally vanished, and the atmosphere was cleared for a fresh start. With new recruits and a contented publisher, the HAHNEMANN PUBLISHING SOCIETY commenced a new lease of life at the Leamington Congress last year.

Such, we believe, is a tolerably accurate record of the share which English homœopathic physicians have taken in the cultivation of that department of medicine which is, as we have said, especially theirs. It is not one to be proud of. On the contrary, we cannot but deplore the scientific apathy it evinces. We have, in short, done little more than re-arrange the work of others. We have been editors rather than observers. It may be urged as an apology, that the number of drugs proved is already so considerable, that there is no need for adding to those we possess. But on the other hand we must remember, *first*, that there are still many forms of disease that we treat but imperfectly; and *secondly*, that the best of our provings—those of Hahnemann—were conducted at a time when the means for making observations were far short of those now within our reach. Take, for example, the whole range of kidney disease. We require provings of medicines made with chemical and microscopic examination of the urinary secretion. Our difficulties here are manifold, from this want alone. Here at once is a very considerable field of investigation for any young and accomplished physician to undertake. When we write of provings, we mean provings made with substances in sufficient quantities to develop the physiological action of the drug in an unmistakeable manner. When we pre-

scribe in disease, we do not desire physiological action ; our object then is to restrain morbid action ; and anything over and above this is a hindrance to our obtaining the end of our treatment. Hence we give small doses when our aim is to cure, and desire the use of large doses only when we want to produce artificial disorders, which shall explain to us the kind of action the drug possesses. Therefore we say that for provings to be of service, to give rise to material alterations of the secretions of the body, large doses should be employed, at any rate in the first series of experiments.

Investigations of this character would do more to advance the progress of therapeutics than any other. It is more than time that we in Great Britain devoted some of our energies to this important work. We rejoice to note that a revival of interest in it is taking place upon the continent. This, we believe, is mainly due to the institution of the two professorships at the University of Pesth, to which we referred in our last number. Professor Hausmann has established an Institute for Materia Medica, the chief object of which is to promote experimentation in the production of artificial drug diseases. The Central Society of Homœopathic Physicians of Germany have—as we learn from an article in the last number of the *British Journal of Homœopathy*—also issued a circular, signed by Professor Hausmann and Dr. Frölich of Vienna, calling for help in the proving of *cuprum metallicum*, *c. aceticum*, *c. sulphuricum*, and *c. arseniosum*. The preparations of the medicine to be proved are sent, with the most exact account of the process, from Dr. Willmar Schwabe's Homœopathic Central Dépôt in Leipsic to every prover at the cost of the Society. In the paper we have referred to, the following remarks appear :—

“ The means of determining almost all morbid symptoms have multiplied with the progress of the natural sciences. Not

one of these means should be overlooked, or even imperfectly employed in our provings of medicines.

“ 1. All physical methods of examination (auscultation, percussion, laryngoscopy, &c.) should be called to our aid with the greatest rigour and precision.

“ 2. Every chemical examination of organic matters that have undergone morbid changes, should be made with the aid of all the methods placed at our disposal through the advance of chemistry; methods aiming at the most precise determination of their internal chemical constitution.

“ 3. The pathologico-anatomical new formations (morbid neoplasms) ought to be examined and determined with the utmost exactitude, by macroscopic and microscopic observation.

“ The highest aim that any prover of a given medicine can propose to himself, is to produce by the mutual action of that medicine and his healthy body a well-defined totality of morbid action, or else, in case he should himself not be perfectly healthy, or too feeble for the purpose, it must be that of other healthy persons placed under his immediate inspection, or at the very least that of some healthy animal.”

It will be seen from these suggestions that the intended provings, or rather re-provings, will be of the most searching and complete character. They will constitute a series of experiments in which it will be an honour to have taken a part—one calculated to be of infinite service to practical medicine. They afford an opportunity to those amongst us who have health, ability and leisure to take a part in them to do somewhat towards removing from British homœopaths the reproach of having done but little for the advancement of our knowledge of the *Materia Medica*.

So far from interfering with the work of the Hahnemann Publishing Society, we feel sure that the devotion of some of our number to that of practically experimenting with drugs would add largely to the interest which we are glad to learn is increasing in it. At the now rapidly approaching meeting of the Congress to be held in London, a

report of the operations of the Hahnemann Publishing Society will be laid before its members. Another part of the Repertory has appeared during the year, and a further one is in course of preparation by Dr. Stokes. Dr. Richard Hughes has also completed the re-arrangement of the proving of *belladonna*. The Preface to the *Materia Medica* by Drs. Drysdale and Hughes is ready. Considerable progress has likewise been made in the arrangement of the symptomatology of *crotalus horridus*, *naja tripudians*, *sulphur*, *colocynth*, and *natrum muriaticum*. This not only indicates a renewal of life in the Society, but is a very fair share of work to have been accomplished in one year, and that the first after so long a period of practical stagnation.

While, then, we press on with the special work of the Hahnemann Publishing Society, let us also endeavour to take some share in that of making original observations upon the physiological action of medicines.

WHAT IS ANTIPATHY?

By WILLIAM SHARP, M.D., F.R.S.

(Continued from page 206.)

6. Antipathy does not consist in the use of drugs *considered as stimulants*. Moderate supplies of food nourish and strengthen the living body. Moderate supplies of fermented and spirituous drinks refresh and exhilarate it. The action of drugs is something else; something quite distinct from the action of food, and something quite distinct from the action of fermented drinks. We do not speak of moderate supplies of drugs being good for any thing in health. We think of medicines only when we are *not* in health. Supplies of them in health in any quantities whatever, great or small, act only injuriously. The action itself, therefore, must be a different action from that of food, and from that of fermented drinks, and the use of the same word to express both actions leads to confusion and error.

For another reason the word "stimulant" as applied to the action of drugs is objectionable, which is this, even if

it seem a suitable word in some cases, it is absurd in others. If it seem proper when used with reference to the contraction, by a dose of medicine, of a dilated pupil, or a dilated bloodvessel, how can it be applied to the soothing effect of another dose of medicine given for a muscle in cramp or for a nerve in pain ?

For another reason, again, it is unbecoming in us to use it, because it implies that we understand how the action of a drug is brought about, which we do not. It is contended, therefore, that the use of the word "stimulant" in reference to medicines should be discontinued. The word is a straw upon the stream, and the sooner it floats away and is forgotten the better.

7. Antipathy is not the giving of *astringents for diarrhœa*, or *purgatives for constipation*. The antipathy we are in search of excludes the use of large doses of drugs for any purpose, and, therefore, necessarily for such purposes as these.

8. Antipathy is not *either the primary or the secondary action of drugs*. It has been noticed in a former Essay* how much Hahnemann differs from himself in the opinions he expresses on the action of drugs. He speaks of the direct and indirect action ; of the positive and negative action ; of the primary and secondary action. These he afterwards represents as alternating actions. Finally all are given up. The straws floated away from his sight, and were lost in his own life time.

The opinions of Hahnemann's successors are industriously reported by Dr. Dudgeon (in Lecture VIII). The views thus represented are many, very diverse, and often contradictory. The meaning intended to be given to the word "antipathy" in this Essay, is not given by any of them.

To this head belongs a passage in one of the Lectures of Professor Fletcher of Edinburgh, which has been referred to as anticipating the facts stated in the Leamington Address (Essay XXII.). This is the passage :—

"Hahnemann is quite aware of this two-fold action of medicines, and it is to insure their *primary*, without fear of their *secondary* action, that he inculcates the expediency of giving them in inconceivably small doses. But it is absurd to say, as he at the same time does, that medicines in such doses operate by producing a stronger impression

* Essay XIII.

than that produced by the disease. They cure it not by the *stronger* but by the *opposite* impression which they make ; so that homœopathic medicines, after all, operate on the antipathic principle." What Dr. Fletcher means by these expressions he goes on to explain as follows :—
 "If we choose to represent the ordinary irritation [!] of the vessels of the iris by a longitudinal [vertical] line, say an inch high, it is easy to conceive certain substances capable of raising it to an inch and a half ; but this height, as it cannot be maintained, after a time is reduced spontaneously through double the space that it had been raised, *i.e.*, falls as much below an inch, as it had before been raised above it, or to half an inch ; and what are the substances now called upon to effect, but what they effected at first, namely, to raise the line of action half an inch, [this is reviving the mechanics of the old iatro-mathematicians,] the result of which is now health, as it was before disease?"*

It is very plain here that whatever becomes of me, Hahnemann goes to the wall. Of the two hypotheses it is certain that Dr. Fletcher's has the most verisimilitude about it. But that they both *are* hypotheses is sufficiently proved by the explanation which is given, and which is so "easy to conceive." How variable and how vague the expression "antipathic principle" was in Dr. Fletcher's days, and in his school of medicine, has been shown in the earlier part of this Essay.

9. Antipathy is not *the reaction of the vital force against the action of drugs*. In mechanics we are familiar with the law that action and reaction are equal, but in contrary directions. No such law is known in physiology or therapeutics. Some vital phenomena offer a resemblance to this mechanical behaviour, but they are, in fact, widely different from it. We do not know the ratio or law which governs them, but it is certainly not the same as that which governs mechanical reaction.

10. Antipathy is not *an explanation of the manner in which drugs act*. In respect to the manner of action of drugs we are in total darkness. And we are so blind that the darkness is not felt. Knowledge of this kind cannot be attained. It is labour lost and time wasted to go in search of it. True, hypotheses may be easily conceived ;

* *Elements of General Pathology*, by the late John Fletcher, M.D. Edited by Drs. Drysdale and Russell. P. 491. 1842.

so may straws be gathered from the surface of the stream. But what are either of them worth ? There is this difference between them : straws may amuse children, hypotheses are sure to mislead physicians.

We have carefully examined the counterfeits ; let us try to find the genuine coin. Or, to keep up the simile of the Essay, having seen the straws float away, let us now dive in search of the pearl. We ask again :—

What is Antipathy ?

11. Antipathy is antipraxy* applied to disease. It will be remembered that antipraxy is the contrary action of small doses to that of larger doses, in health. Antipathy is the contrary action of the same doses in disease. Many examples and proofs of this action, both in health and in disease, have been given in former Essays. The following experiments are additional illustrations.

It is well known that the extract of belladonna applied to the eyebrow dilates the pupil. A few drops of the pure tincture (two are sufficient on me) will do so also.

To learn whether there is any dose smaller than these, which will contract the healthy pupil, the following experiments have been tried :—

One drop of the tincture of belladonna was added to ninety-nine drops of water, that is, one part in a hundred—the first centesimal dilution—in water to avoid any interfering action from alcohol ; and the right eye was rubbed with this in the usual way, but no effect could be perceived.

Afterwards one drop of the tincture was added to nine drops of water, one part in ten—the first decimal dilution—and this was applied in the same manner ; again no effect could be noticed.

Then a drop was added to four drops of water, one part in five, and applied. This experiment succeeded. A perceptible contraction of the pupil was produced.

These experiments were tried many months ago. To-day (March 19th, 1874) at noon, the last-mentioned experiment has been repeated. Two drops of tincture of belladonna were added to eight of water. Small portions of this dilution were rubbed over the eye at intervals during half an hour. At the end of this time, in the judgment of another, who knew nothing of the experi-

* See last Essay.

ment I was trying upon myself, the pupil was slightly contracted, it was less than that of the other eye. Afterwards the remainder was rubbed over the same eye, at intervals during another half hour, when the same observer noticed a slight dilatation of this pupil, it was now larger than the other. This dilatation afterwards increased considerably, and had not disappeared on the following morning.

That belladonna contracts a dilated pupil in illness is known.

Here are the two actions of drugs. The powerful and injurious action of the large dose; the comparatively slight, but equally true action of the small dose, in the contrary direction, both in health and in disease. It must be borne in mind, in all experiments with small doses, that the effects are feeble in comparison with the effects of large doses. They are less in degree, and they are contrary in kind. Hence their value as medicines.

The Calabar bean (*physostigma*) has an action the reverse of belladonna, but not so powerful. A larger dose is required to produce the effects, judging from the tincture which has been used in my experiments, and which was furnished, along with the tincture of belladonna, by Mr. Turner.

In the first experiment two drops of tincture were added to eight of water, (the dose which had succeeded with belladonna,) but after rubbing this over the eye and temple no effect was noticed.

In the second, four drops of tincture and four of water were rubbed in, but without appreciable effect.

In the third, five drops and five of water were used, and a very slight dilatation was perceived.

On another day, one drop of the pure tincture was rubbed in, and very soon a decided dilatation was produced.

When ten drops of the tincture are rubbed in, after about an hour the pupil becomes very much contracted.

These experiments with belladonna and Calabar bean are visible illustrations of what is meant by *antipraxy*. They differ from the former experiments in being local actions produced by the topical application of drugs, not by their internal administration. But they are confirmatory proofs of the induction drawn from the reverse actions of aconite and digitalis upon the heart, and from those of other drugs upon other organs.

Antipathy, then, is the small dose of antipraxy given in sickness. It arises out of, and is dependent upon the contrary action of small doses and larger doses in health. It is the necessary sequel. As the action of the larger doses in health is a guide in the choice of the medicine—which is homœopathy—so the contrary action of the smaller doses in health is a guide in the choice of the dose—which is antipathy.

12. This antipathy is *learned by experiments on the healthy, not on the sick*. After having been learned by experiments on the healthy, it is carried out in practice when prescribing for the sick. The antipractic dose of a drug must be found out in health, and then it may be given with confidence as the proper dose in disease, even if the drug has never been given before. The experiments with belladonna make this exceedingly plain.

Doses, like medicines, must be learned by experiments of some kind. Up to the present time these experiments have been made by homœopaths, as well as by practitioners of the old school, upon patients. It is contended that they ought to be made upon ourselves. Difficulties and objections of all kinds will be raised against this, there will be many lions in the way, but it ought to be done; and the sooner medical men undertake the work and do it, the better will it be for their patients. Why not try?

13. Antipathy is *a general fact*. This may be shown clearly by the following considerations:—Numberless recoveries from illness, both acute and chronic, have followed the administration of small doses of medicine, given according to the law of homœopathy. This is known to all. Homœopaths believe that in many of these cases the doses have acted curatively. Experiments on myself and on my friends have proved to me that small doses taken in health act in the contrary direction to that of larger ones. This conclusion is an induction from known particulars applied to others that are like them, in reliance upon the known uniformity of nature. It gives a law or rule to therapeutics in reference to the selection of doses. The reasoning can scarcely be objected to. If the facts from which the induction is drawn be thought doubtful, the reply is, why think? why not try the experiments?

14. Antipathy is *a practical fact*. It is not a guess, conjecture, or hypothesis. Take as an example the expe-

riments with belladonna on the pupil. A large dose dilates it; a small dose contracts it. This is in health. You have a patient with a dilated pupil; the small dose which contracts the pupil in health is the proper dose to contract it in sickness. The action in health is called antipraxis; the same action in sickness is called antipathic. It may be said, if this be so, the large dose of belladonna will be a good remedy for a contracted pupil. This is denied. It is the action of the small dose which is curative. The action of the large dose is injurious. Another drug must be sought for the contracted pupil, and it is found in physostigma (Calabar bean); the action of which is exactly the reverse of belladonna.*

15. This antipathic action *belongs to drugs only*. In Essay VI. several reasons are given which seem to prove that the law of homœopathy is limited to the action of drugs only. It will be seen now that the contrary action of small doses is a powerful additional reason. This peculiar property of small doses is not found as a characteristic of the other agencies which Hahnemann included along with drugs, as forming part of his homœopathy. No phenomena are known which show that small quantities of light, heat, electricity, or magnetism act upon living bodies in an opposite direction to the action of larger quantities. Different quantities may and often do act in a *different* but not in a *contrary* manner. Nor have we any facts to show that the action of diseases upon each other, or the action of mental phenomena exhibit a similar peculiarity; indeed, it is hard to think that in either of these actions this is possible.

In the preceding Essay, on antipraxis, it is proved that light, heat, electricity, magnetism, and chemical affinity have actions in the inorganic world which are parallel with or similar to the action of drugs on living bodies; but, so far as our present knowledge goes, they have no actions like them in the organic world.

16. Antipathy, as the word is used in this Essay, is *simple and intelligible*. So simple and intelligible that

* In the present state of our knowledge belladonna must still be used to dilate forcibly the pupil, previous to operations for cataract; and also to tear away adhesions of the iris in some forms of inflammation of that organ. These proceedings, and any others of a similar kind, are necessitated by our defective knowledge, and do not prove the doctrine of antipathy to be erroneous.

even some of those who oppose it cannot but admire it. "There is a charming look of consistency," says Dr. Hayle, "in the idea of fixing the dose of the remedy by experiments on the healthy, as well as its sphere and kind of action, and one feels as if it *ought to be true*." After this strong testimony in its favour, the objections brought forward by Dr. Hayle need not give trouble. He has told me that they were hastily written, and it may be hoped that his own further reflection will remove them.

17. In the first Essay, written in 1852, it was said:—"Homœopathy is a guide in the choice of the medicine, not of the dose. The dose is, as yet, a question of experience. The law of similia is an admirable guide in the selection of an appropriate remedy in any case of disease; but the only information it affords in the choice of the dose is this, that it must be a *smaller* one than would be sufficient to produce similar symptoms in health. *How small* a dose this is must be ascertained by trial, until some general fact or law can be discovered, which shall constitute a guide to the dose, as the law of similia does to the medicine. I venture to entertain a sanguine hope that this will be accomplished." 'This hope is now fulfilled.

Experiments with large doses of drugs in health teach us—1. The organs where the action takes place. 2. The kind of action carried on there. 3. The symptoms by which the action is manifested. By the rule of *similia similibus curantur* we learn how to choose the drug. Experiments with smaller doses of the same drugs in health teach us where the contrary kind of action begins. By the rule of *contraria contrariis curantur* we learn how to choose the dose.

18. A reason can now be given for homœopathy:—

It is known by their personal experience, that is, by experiments upon themselves, by many intelligent medical men, that, in certain comparatively large doses, drugs taken in health produce symptoms which bear a strong resemblance to natural diseases, that is, to diseases arising from other causes.

It is equally well known to a much larger number of medical men that these drugs, in certain comparatively small doses, act curatively in diseases which resemble those produced by the larger doses of the same drugs.

The knowledge of these two facts is practically acted upon every day. The practice is called homœopathy, and

the maxim which expresses it is that "likes are cured by likes."

Hitherto this has been done without knowing the reason why. Experiments in health with the smaller doses of drugs have, I think, proved that *their* action is contrary to that of the larger doses of the same drugs. This contrary action is called antipraxy, its maxim is that "contraries are cured by contraries;" and it gives the reason why the practice of homœopathy is so successful. Surely this piece of knowledge is a pleasant gain. It not only shows that homœopathy lies within the province of reason, but makes it one of the most reasonable things in the world. It not only declares it to be within the grasp of common sense, but places it before the physician as the plainest rule he has to follow, the most common sense duty he has to perform.

19. A reason can also be given for antipathy. The action of small doses being contrary to the action of larger doses in health, and these smaller doses being given for diseases similar to those produced by the larger ones, it follows necessarily that this action of small doses is contrary to the action going on in the diseases for which they are given; this is the reason why they are often such successful remedies. That they do cure many diseases is manifest, and this is the reason why they cure. The natural action which they have in health is carried with them when they are given in disease. They take no cognisance of the condition of the organ which appropriates them, but having power to act in a certain direction, effects corresponding to the state of the organ are produced; if this state is a healthy one, disturbance takes place; if it is a diseased one, the same action may bring about a cure. The experiments with belladonna on the iris are a visible proof of this; and thus antipraxy answers the question why, whether asked of homœopathy or of antipathy.

20. These facts—the action of large doses in health; the cure of similar diseases by small doses; and the reason of this cure given by the action of small doses in health—are, to my mind, eminently plain and satisfactory. The same processes of observation, experiment, and reflection may make them equally plain and satisfactory to others. But such must do the work for themselves. I cannot do it for them. In the meantime the objections suggested by mere reasonings are just as irrelevant and useless as are

the objections which have so long been raised against homœopathy by those who will not try the practice in their own hands. The homœopaths are now challenged in the same way that they have challenged the allopaths.

The pearl has been dived for and sought after with much diligence. It is believed that it has been found and brought to light. It is respectfully presented to every medical man who will courteously accept it. The value of the pearl to each will depend upon the amount of pains which he takes in examining it for himself, and in appropriating it to his own use.

In conclusion, a few brief remarks may be offered upon the criticisms, objections, and difficulties which have come to my knowledge since the Leamington Address (Essay XXII.) was given in September last.

21. The *British Journal of Homœopathy* (for Oct., 1873) has a notice of the Address very remarkable for the confusion of thought which pervades it. Among many things which may be passed by, it suggests, in the form of a query, that the contrary action of small doses in health as a law or rule for the choice of the dose is "but another of the many guesses on the subject which experience has consigned to forgetfulness," and at the same time it insists that it has been anticipated by others, especially by Dr. Fletcher of Edinburgh, and by Dr. Reith of Aberdeen.

Dr. Fletcher's paragraph has been given in a former part of this Essay. Dr. Reith's papers shall now be noticed. The truth is that we do not come into collision. Dr. Reith's investigations have been carried on in the sick, mine have been in the healthy. To show this it will be sufficient to quote the title of Dr. Reith's Papers, and a short sentence from one of them:—The articles are "On the Therapeutic Action of Medicines in Dilated Conditions [not healthy conditions] of the Bloodvessels."* And in the first of them he says, "We shall have to enquire what is the therapeutic *dose* of each medicine. . . . As already stated, this can only be done *by experiments on diseased nerves*." His conclusions are drawn from experiments in disease—mine are the results of experiments in health. There could not be a greater difference between two methods than this. When Dr. Reith's facts and mine are the same, we are two independent witnesses to them;

* *Edinburgh Medical Journal*, Feb., April, and September, 1868.

inasmuch as we have arrived at our knowledge of them by different paths. When Dr. Reith uses hypothetical expressions they are his own property, and he alone is entitled to them.

Perhaps it should be added that our views of the medicinal use of digitalis differ. This also seems to be accounted for by the difference in our methods of studying the drug. Dr. Reith says:—"For a rational explanation of the action of digitalis it is unnecessary to bring forward any new facts beyond those already known." His conclusions, therefore, are drawn from the observations of others: mine are the results of experiments on myself.

These remarks are offered in the interests of the sick, and in the cause of truth only. They are not intended to disparage or criticise Dr. Reith. God forbid that I should wish to rob anyone, whether predecessor or contemporary, of any credit, be it much or little, to which he is entitled. Especially ought this to be said of anyone digging in the same mine, or diving in the same waters, with myself.

22. It has been said to me: "You are the solitary individual who believes that the action of small doses in health is the contrary to the action of large doses, at least to the extent of its being a general fact." At present, then, I must be content, though sorry to be the sole possessor of the pearl. Those, however, who reject it gain nothing, either for themselves or for me, by objections of reasoning alone. Whatever is stated as a fact upon *evidence*, can be rebutted only by stronger *evidence* against it. To obtain this evidence others must repeat the experiments which prove it to me, with similar care. If these new experiments give results the same as mine, then, I suppose, each prover will believe his own evidence. If they give different results, then it will appear that there is something wrong either in their evidence or in mine. Should this happen it will be necessary to repeat the experiments with still greater care, so as to learn, if possible, what is the truth in the matter.

It will facilitate this investigation if all extraneous subjects be carefully excluded from it. The old difficulties of primary and secondary actions of drugs, the actions of drugs and the reaction of the vital force, and other similar questions, are really quite foreign to this enquiry.

23. Again, to impress me with a deep sense of the extreme difficulty of obtaining satisfactory results in the

proving of small doses of drugs, and of the great probability that I have been deceiving myself, the following proving of nothing has been kindly sent me:—

“ I have made on myself the following experiment. I have sat for the best part of an hour watching myself when in my usual (rather indifferent I must grant) health, and with the following result: My pulse has varied greatly; pains have come on in several parts of my body; I have had vague feelings of apprehension; nausea; palpitation of the heart; flatulence; vertigo; salivation; dry mouth; *choking sensation in the throat*. Had I taken medicine in any size of dose I should have found it difficult not to conclude that the symptoms were caused by the medicine.”

Here is a regular fit of “nerves,” which Sydenham would have called “hysteria in the male.” It certainly shows that many provings may be looked upon with suspicion; but it does not show that no provings are of value. It compels me to say that I went through several careful “provings of nothing,” and many other observations upon myself, before undertaking the trial of small doses of drugs. Notwithstanding the series of symptoms so well reported above, I have no doubt of the truth and general accuracy of the provings given in the Leamington Address. The case of “nerves” is matched, as some of my readers may remember, by the experiments made upon a lady with two bars of steel, one a magnet, the other not, which was recorded in Essay VI.

24. Again, it is said to me: “You have not yet got so far as to have your deductions [induction] taken into account and criticised. Your colleagues have not got further than your facts, and as to them, they are not convinced.” They must convince themselves. But they may be reminded, as their opponents of the old school were reminded twenty years ago, that if they will not look through Galileo’s telescope, they must not expect to see Jupiter’s moons.

25. Another objection has been put forth at which I cannot but marvel. It is said that many diseases have no contraries, so that this rule for the dose is “only workable in a certain narrow sphere.” This objection betrays a strangely perplexed state of mind. It might be inferred from this objection that antipraxy had been put forward as a rival of homœopathy, or a substitute for it. But surely it is most plain that this is not the case. A rule

for the *dose* says nothing about the *remedy*. Homœopathy is a rule by which to choose the remedy; but, as was remarked in the first Essay, it says nothing about the dose, except that it must be smaller than that which is proved in health. Find the remedy first by the rule of *similia similibus curantur*, if you can, then antipraxy will help you to find the dose. The actions of small doses of drugs are contrary to diseases because they are contrary to the actions of the larger doses which are similar to diseases. Antipathy, in the sense now given to it, is not the contrary remedy, but the contrary dose. If there were any force at all in the objection it would be against homœopathy and the choice of the remedy, not against antipathy and the choice of the dose.

26. The observation referred to in the last paragraph is not an *objection* to either homœopathy or antipathy, but it embraces a great *difficulty*—one which thoughtful homœopaths are made to feel every day. It is said by the same objector that “the rule of *similia similibus* is always available if only we have a drug which has caused the *simile* of the disease before us.” True, but we have not yet this simile always before us. What drug has been proved till it has brought on a morbid state resembling cancer? All practitioners are still baffled by some forms of hysteria; by many skin diseases; by spinal affections and the paralysis proceeding from them; and by nearly all malignant tumors. Our present ignorance in regard to remedies for such diseases as these is an enormous difficulty, but it is not an objection to the knowledge we have been permitted to acquire in regard to the treatment of other diseases. The law of *similia*, which is an induction from the effects of the larger doses in health, and the law of antipraxy, which is an induction from the effects of the smaller doses in health, cannot be proved false by any amount of difficulties such as these. “True fortitude of mind,” says Paley, “consists in not suffering what we do know to be disturbed by what we do not know.” Difficulties are not objections.

27. Such are the criticisms and objections of others so far as I am acquainted with them. The difficulties which are present in my own mind are chiefly two.

First, the delicacy and care required in experiments with small doses. This, no doubt, is a serious difficulty, but it is one which attends all experiments in modern

physical science. In our time, every research must be made not only with delicacy and care, but with extreme accuracy, if it is to gain credence and reception. This difficulty is overcome every day in other branches of knowledge, and it is hoped and believed that the same pains will overcome it in experiments with small doses.

28. The second difficulty is one which attaches to all medicine. It arises out of our want of more knowledge. With regard to the nature of many chronic and nearly all organic diseases we are still very ignorant; even of the seat or locality of some ailments we are doubtful. And, of course, this ignorance presses heavily upon every new undertaking. But homœopathy has already added many valuable specific remedies to our former slender list, and it may be reasonably expected to reward further labour bestowed upon it by adding many more. And as homœopathy presents new remedies antipraxy will reveal their proper doses.

29. The truth upon this difficult subject—the action of drugs on the living body of man in health and disease—is, no doubt, in itself perfectly regular; and in the bright light of an infinite intelligence it will be clear and plain. But to our finite and troubled minds, with the dust of ignorance, prejudice, vanity, and jealousy beclouding them on every side, it can be but dimly seen. If, however, we look at it as steadily as we can, we may see something of its order and perfection, though not much. If we try to describe to others what we see, another great obstacle awaits us in the imperfection of our language. Even the truth which we thus imperfectly see is more beautiful than the picture we can paint of it; for our thoughts are more subtle than our language, and the conceptions of our minds are far more numerous than are the words we can find to express them.

30. With a deep consciousness of all these infirmities and defects, these Essays are respectfully and affectionately presented to my medical brethren. If they may be as patiently read as they have been honestly written, if a favourable construction may be put upon them, some reproach may be wiped away from the acknowledged imperfections of medicine, and some good may result to suffering humanity.

Rugby, March 20th, 1874.

SURGICAL NOTES.

By J. VAUGHAN-HUGHES, M.D.,

Surgeon to the London Homœopathic Hospital.

R. H., a girl 14 years of age, of strumous habit, was admitted under my care into the London Homœopathic Hospital, January 21, 1874.

She had been suffering from disease of the thumb for several months, which was discharging foetid purulent matter from three sinuses and reducing her powers. The pain was so great at night that the loss of sleep was telling upon her general health. A probe passed down the openings came into contact with denuded bone, and I felt convinced that the whole of the second phalanx was carious. The first thought which occurred to me was to amputate, as is usual in such cases, at once, but her general health was so deplorable that I hesitated to do this, and placed the forearm, hand and finger on a splint and kept the whole in a fixed position until her general condition improved, which it did in about three weeks. In the mean time the following reflection came across my mind :—if we can excise with success the elbow, shoulder and knee joints, &c., why could not this bone be removed, and the first and third phalanges brought into apposition and made into a partial joint? I saw no difficulty theoretically in the way except the tendon of the flexor longus pollicis, which I imagined would bulge out considerably and impede perhaps by its contraction, the formation of a joint. However, I thought I would try the experiment and if it failed I had the alternative still of amputating.

Feb. 13. The patient was placed under chloroform, and I made an incision along the whole length of the upper surface of the thumb and dissected out the diseased phalanx en mass; it was surrounded with a secreting pseudo-membrane which I carefully scraped off, and I found the cartilages on the end of the first and third phalanges quite healthy, and these I brought together with two metallic pins with twisted suture as in the hare-lip operation, the whole being covered with lint dipt in carbolic oil, bandaged and placed on a hand splint and left undisturbed for three days. The whole of the nerves and vessels, being on the under surface of the part, were

left intact, and the operation was made bloodless by means of the tight india-rubber band.

Feb. 16. The soft parts to my great surprise were so far united, that I ventured to remove the pins and support the union with plaister and bandages; the carbolic treatment was continued—there was very little discharge.

Feb. 27. The girl has improved wonderfully, being in no pain and the wound nearly healed; the bulging and tumefaction has also subsided remarkably.

March 5. She was shown to the members of the Medical Society, who expressed interest and satisfaction in the results of the novel procedure.

March 14. She was discharged, having a very fair amount of movement in the false joint, and she could bring down the tip of the index finger very aptly to the end of the thumb.

In all my experience of military and private practice I never saw such an operation as this performed before, and as I know what an immense amount of injury the hand and fingers may be subject to and yet recover from by means of conservative surgery timely and wisely employed, I cannot help feeling grieved that I had not in days gone by the knowledge this case has elicited.

George Street, Hanover Square.

ON HÆMORRHAGE.

By J. HARMAR SMITH, Esq.

(Continued from page 233.)

Having concluded my remarks in the April number of the *Review* with a query as to the function of the spleen, I would add, that of the many theories which have been put forward on this subject, the one there referred to appears the most distinctly based upon observed facts. That the *sole* function of this viscus, however, should be, so to speak, a pathological one—a means of correcting the aberrations of the system—appears, judging from analogy, extremely improbable. And yet, in the present state of physiology, anything further in the way of hypothesis, as to the function of this and the other so-called ductless glands (the thymus, the thyroid, and the supra-renal capsules) must be viewed as altogether conjectural.

As to the treatment of sympathetic hæmatemesis, we

find the old school divided in opinion between bleeding (general and local), purgatives, and astringents. The most recent writers have, however, for the most part abandoned bleeding in the treatment of this disease, and therefore it is supererogatory to make many observations on this mode of treatment. That the physician should ever have thought it his duty to take away more of the vital fluid, and that from a channel more distant from the seat of disease than that which nature had herself opened, is a striking exemplification of the tendency to *theorize* in what has been called *practical* medicine.

The treatment of sympathetic hæmatemesis and melæna by active cathartics, as recommended by Sir T. Watson (*Lectures*), Sir G. Burrows (*Library of Medicine*), Dr. G. H. Barlow (*Practice of Medicine*), Dr. Goldie (*Cyclopædia of Medicine*), &c., &c., especially if employed in the routine fashion which is generally advocated by old-school writers, is another phase of the "*nimia diligentia medici*." Sir T. Watson remarks that "the portal system is drained and unburdened by this active depletion." Surely nature, however, by the hæmorrhage itself, which tends to drain the portal system through its anastomosing branches, is herself doing this, and we should generally act more judiciously by supporting the vital powers by easily assimilated food, than by opening a drain through another channel, and thus aiding the depletory process already going on.

On the other hand, there are cases in which the moderate and guarded use of mild aperients, or still better, of enemata, to unload the rectum without causing the slightest drain on the vascular system, may be beneficial as adjuncts to the homœopathic treatment of the whole morbid condition. There is, as we have seen, a close connection by inosculation between the intestinal veins and the vena portæ, and hence accumulated fæcal matter, by obstructing the hæmorrhoidal and colic veins, would tend to maintain the congestion of the portal system.

A remark of Sir T. Watson, which I quote from the article to which I have just referred, points out the mischief that may follow, according to his own showing, from the measure which he so warmly advocates. He says (*Lectures*, Vol. II. p. 507):—"On the other hand, hard purging would be simply perilous in those conditions for which styptics are really adapted; those cases especially

(*could we but surely distinguish them!*) in which the hæmorrhage proceeds from a bleeding vessel."

I quote the following case from the *Lancet* of March 28th, as bearing on these remarks, although the report is unsatisfactory as not stating the amount or duration of the hæmorrhage, nor the previous symptoms, and especially (seeing that the patient was an hysterical girl) as not giving any account of the state of the menstrual function. It can scarcely, however, be supposed that if there had been amenorrhœa, that this would not have been mentioned. The want of the particulars indicated is a serious drawback to the pathological and therapeutical value of this and many other cases. This should be a lesson to ourselves, whose reports of cases are not unfrequently needlessly meagre; though for obvious reasons we are generally more careful to detail symptoms than the reporters of the old school.

"*Constant vomiting and hæmatemesis removed by the relief of constipation by aperients, in an hysterical girl.* (Under the care of Dr. Ogle.)—The patient was a young girl, Eliza B——, somewhat hysterical, who had originally been admitted into the surgical wards, but was transferred to Dr. Ogle, who found great pain over the whole of the abdomen and much constipation to accompany the vomiting and hæmorrhage; but the state of the pulse, condition of breathing and of the skin, and also the temperature, were adverse to any supposition of the existence of inflammation. Under the use of purgatives—calomel and jalapine—and small doses of sulphate of magnesia, with enemata and suitable mild diet, all symptoms by degrees disappeared, the pain being greatly relieved by hot spongio-piline saturated with laudanum applied to the abdomen, and the vomiting by hydrocyanic-acid draughts. The amount of alvine evacuation which was expelled under the use of the aperients was immense, and this abundant relief went on from time to time for two or three weeks, even when she was taking but little solid food, indicating the degree to which fæcal accumulation had been going on. Under the subsequent use of valerian, with steel and quinine, and the use of the cold shower-bath, the patient perfectly recovered."

All or nearly all the older standard allopathic authors recommend general bleeding in this and other forms of hæmorrhage. It is interesting, however, to observe how,

as the influence of homœopathy on old-school practice becomes increasingly felt, the more recent writers lay aside their lancets, and become even growingly cautious in the use of local depletion by cupping and leeches. Thus Dr. Goldie, who wrote forty years ago in the *Cyclopædia of Practical Medicine*, unreservedly recommends general bleeding in "active hæmorrhage."

Dr. Elliottson, whose lectures were published somewhat more recently, advocates the same treatment in hæmatemesis and other forms of hæmorrhage.

So also does Dr. Copland, whose *Dictionary of Practical Medicine* was completed in 1858, although commenced many years previously.

Sir G. Burrows, who wrote thirty years ago, enjoins local and not general depletion in sympathetic hæmatemesis, but as to hæmorrhage in general, agrees with the other authors of the period in the advocacy of venesection.

Sir Thomas Watson does not name general bleeding in the treatment of this or any form of hæmatemesis, although he hints at the possible necessity for the application of leeches. In speaking of the treatment of hæmorrhage in the abstract, however, he retains the following somewhat remarkable passage, in the edition of his *Lectures* published in 1871 (page 288, 1st vol.) :—

"Of the actual remedies used for checking the further escape of the blood, one of the most important has already been alluded to—I mean the abstraction of blood. Herein we are guilty of homœopathy; to prevent bleeding, we draw blood."

Sir Thomas Watson is an estimable man, an accomplished physician and an elegant writer, and it is utterly unworthy of his character and reputation to perpetuate through five editions of his able and interesting lectures this petty misrepresentation of homœopathy, according to which, in sheathing the lancets of the once heroic practitioners of England, it has been guilty of *felo de se*! We cannot, however, suppose Sir T. Watson to be absolutely ignorant of the writings of homœopathists, and to be unable to discern the difference between similarity and identity, and we cannot, therefore, acquit him, in this matter, of the charge of sacrificing truth at the shrine of party spirit.

Dr. G. H. Barlow, whose *Manual of the Practice of*

Medicine was published in 1856, does not even allude to bleeding in any form in the treatment of gastric or intestinal hæmorrhage. Nor does Dr. Tanner, whose *Clinical Index* was published ten years later.

Dr. Aitken (*Science and Practice of Medicine*, fifth edition, 1868) advocates no more active treatment, even when hæmatemesis proceeds from gastric ulcer, than the application of two or three leeches twice a week to the epigastrium.

Dr. Niemeyer (*Text Book*, 1873) recommends leeches to the anus in the premonitory stage of the disease, and deprecates the use of purgatives and even enemata during the first few days of the attack.

It is remarkable that our own literature should be so exceedingly destitute of clinical reports of cases of any species of hæmatemesis. This arises, I believe, from more than one cause. This is one of the most rare forms of hæmorrhage—at least upon mucous membranes. Moreover a large proportion of the cases arise either from gastric ulcer, or from organic disease of the liver, diseases often incurable under the most efficient treatment, and it is not the fashion with us to publish our failures.

The only clinical reports of this disease in the thirty-one volumes of the *British Journal of Homœopathy*, if, at least, the indexes truly represent that valuable work, are contained in the 9th and 28th volumes. The former of these is an allusion to a case of Dr. Ransford's which was relieved by *bryonia*, from which we should judge that the vomiting of blood was due to hepatic congestion.

The 28th vol. of the same journal contains a paper by Dr. Shuldham, which was read before the British Homœopathic Society. In this interesting paper there is a fully detailed case of hæmatemesis, in which the cure was apparently due to *arnica* 1x and *ippecac.* 3x, although other medicines were given for collateral symptoms. A point of importance in the treatment of this case, is the use of nutritive clysters by order of Dr. Shuldham.

Some years ago (in the absence of the physician in ordinary) I attended for a short time a case of ulceration of the stomach (so proved by *post mortem* examination) in which there was frequent and copious vomiting of blood, as well as melenic discharges from the bowels. Sir W. Gull had seen this case and diagnosed ulcer of the stomach, and this, together with the persistence of the

vomiting, led me to recommend that the food should be given per rectum, according to the suggestion of Dr. T. R. Chambers in such cases. Under this treatment there was such a marked improvement in the symptoms, that I have thought it probable that the ulcer might have healed and the patient recovered had this plan been persevered with.

In the seventeen completed volumes of this *Review* I do not find any cases of hæmatemesis, although the subject is just alluded to in the valuable paper on hæmorrhage in the 13th vol. by Dr. Ker.

In Dr. Hempel's bulky volume of *Lectures on the Materia Medica*, although he names a number of medicines whose provings point to gastric hæmorrhage, he only refers to two cases of the disease. The first is under the head of *Arnica* (page 232).

"In Dr. Hirschel's *Archives* a case is reported where a servant-girl was attacked with hæmatemesis in consequence of ill-treatment; she complained of general malaise and a feeling of soreness through her whole body, with almost constant nausea, pain in the stomach, and vomiting of everything she took into the stomach; the ejected substance was always mingled with blood. After having been treated allopathically for six weeks without deriving the least benefit from the treatment, she was cured in four days perfectly by means of *arnica*, sixth trituration, through the agency of Dr. H. B. Harris."

The other case is under the head of *Sulphuric Acid* (page 871).

"A case of hæmatemesis, where the vomiting returned about a dozen times within eight days, causing complete exhaustion and deathlike pallor, was completely arrested by means of large doses of *sulphuric acid*."

Sulphuric acid, however, is a medicine which, when given as in this instance "in large doses," appears to me more properly reckoned amongst astringent or anti-pathic than amongst homœopathic remedies.

Apropos to this case (from a homœopathic work) which certainly savours of allopathy, I cite one from an allopathic work, in which the curative agent was homœopathic—*ipêcac.*—than which no medicine has a closer specific relation to hæmorrhage.

"Another case shows the efficacy of *ipêcacuan.* in hæmorrhage from the alimentary canal.

“ In May, 1838, a young lady was seized with faintness, while standing beside her brother who was fishing not many yards from the house ; soon after getting home she became sick and vomited much blood. The intervals between each attack of vomiting were short and variable, sometimes an hour, and again may be two or three hours. Thirty-two hours from the time of attack the vomiting had not ceased, the patient was lying in the dress in which she had been taken ill, loosened as much as possible, as every movement created sickness which would not subside until vomiting came on. Her mouth and tongue were as white as her lips and cheeks from the great loss of blood, the pulse was scarcely perceptible, the extremities cold ; had taken nothing but cold drinks in mouthfuls, and her medicine since the attack came on. In this state the *ipécacuan.* was proposed to be given in grain doses every half hour, combined with the same quantity of calomel ; after taking the third dose, nausea became distressing, accompanied by faintness ; this soon subsided, but after the fourth grain the effort to vomit was complete, and a perfectly yellow bile was vomited without any admixture of blood ; the medicine was now laid aside. This lady recovered *rapidly and perfectly.*”—*Braithwaite's Retrospect of Medicine and Surgery*, Vol. I. page 32. Quoted from the *Dublin Journal of Medical Science*.

The value of this case is of course somewhat deteriorated by the addition of *calomel* to the *ipécac.*, but not seriously so, since the *mercurius dulcis* is not likely to have had the least effect upon the hæmorrhage. It is rather amusing to observe that the allopathic mind of the editor of the *Retrospect*, could not possibly entertain the idea of specific influence in the *ipécac.*, and, therefore, it leads him to inquire whether other nauseating medicines might not produce a similar effect in virtue of their property of aiding the coagulation of the blood ? The smallness of the dose in this case would, however, effectually dissipate such an idea, and it is most absurd to attribute the nausea to the *ipécac.*, when it is stated that before it was given “every movement caused sickness.”

(To be continued.)

OUTLINES OF THE HISTORY OF MEDICINE.

By W. B. A. SCOTT, M.D.

(Continued from page 225.)

Hippocrates continued. His Materia Medica ; Diet and Regimen ; Practice of Medicine ; Surgery ; Contemporaries and immediate successors.—The three great medical schools of antiquity : (1) the Dogmatists, (2) the Empirics, (3) the Methodists.—Homœopathy embraces what is really valuable in the doctrines of all these sects.—Derivatives of the Methodists, viz., the Eclectics, Episynthetics, and Pneumaticks.

The Materia Medica of Hippocrates was very extensive, containing more than 300 simples. To enumerate all these would, of course, be foreign from the plan of the present treatise, while the task would be hard and tedious, if not impossible, owing to the extreme difficulty of identifying each under the name he employed. However, it is interesting to find that, amongst a host of others, he employed the following well-known drugs :—*alum, ammoniac, anemone, aristolochia, bryonia, cantharides, cardamoms, castoreum, cinnamon, colocynth, coriander, elaterium, galbanum, black and white hellebore, iris, laurel, mandragora, mallows, magnetic iron ore, myrrh, oxgall, nitre, orpiment, one or more varieties of poppy, pepper, pomegranate, ranunculus, rosemary, rue, saffron, scammony, staphisagria, solanum, verbascum, violet*, all of which we still retain in our Homœopathic Pharmacopœia, although some have been forgotten by our allopathic confrères. Some of the contents of the Materia Medica of Hippocrates were so extremely unsavoury as to have been justly discarded by both schools of medicine, and indeed they can hardly be expressly even named here,—such, for example, as the renal secretion of a bull, *les arrière-fais d'une femme*, *stercus humanum et hircinum*, and *meconium* (not meaning poppy extract!)

Hippocrates was no great polypharmacist ; generally only two or three drugs, rarely more than four or five, entered into his prescriptions. In later times Galen sometimes mixed together eleven drugs,—Sydenham, twenty-seven, and even more ! He employed suppositaries,

formed of one or more of the following ingredients:—honey, some salt of mercury, nitre, and colocynth; enemas, of salt water, or milk and oils, occasionally adding honey and nitre; sternutatories, as powdered myrrh, brass, or hellebore; and also had recourse to the time honoured auxiliaries of bleeding and cupping, cauteries, fomentations, unguents, cerates, plasters, pessaries, collyria, and lozenges.

Hippocrates is by some considered as having originated, or at least lent his sanction to the doctrine of “contraries,” on account of his famous aphorism, (Book II. Aph. 22.) “Diseases which arise from repletion are cured by depletion, and those that arise from depletion are cured by repletion; and in general diseases are cured by their contraries.” Hence the famous “*contraria contrariis curantur*.” But, as Dr. Rutherford Russell well remarks, this “is evidently not a *therapeutic* but a *dietetic* formula. Hippocrates knew of no medicine which could replete, therefore it is impossible he could recommend the cure of depletion by repleting medicine.”* The basis of the Hippocratic medical doctrines is, no doubt, erroneous and fanciful, but it is certainly not *antipathic*, for in the work *De Priscâ Medicinâ* he derides those who pursue “the *new* method by hypothesis,” viz., that “if hot or cold or moist or dry be that which proves injurious to a man, then the person who would treat him properly must apply hot to the cold, moist to the dry,” and so forth. In the same work he also stoutly opposes the favourite vagary of the “Dogmatists,” viz., that “in order to practise medicine it is first necessary to understand what man is, the manner of his formation, and the way in which his body is composed.” The humoralist doctrines of Hippocrates led him to ascribe all diseases to “*dyscrasie*,” i.e. the undue excess or diminution, or the morbid alteration of certain “humours”; cure usually depending on a “critical” evacuation of the peccant constituent, and the duty of the physician being to assist nature in her efforts to bring about such a discharge, when her unaided powers were insufficient. He further taught that *each purgative chiefly effected the purgation of that humour with which it had itself the closest affinity*—a doctrine which must *practically* have resulted in something very much like a rude and unscientific homœopathy,

* *History and Heroes of the Art of Medicine*. p. 63.

were it not that "affinities" were assigned on purely fanciful grounds, and that most of the "humours" of Hippocrates had no existence. He insisted that it is "Nature herself who cures all diseases," having been a firm believer in the "*vis medicatrix Naturae*," of which Dr. Russell speaks in such severe terms.* In fact, Le Clerc remarks that we might have expected to find the treatment of Hippocrates purely expectant—as, indeed, it was to a very great extent, although on some occasions he unfortunately had recourse to most heroic measures.

His rules for the preservation of health are, in general, simple and excellent. While warning all persons against excesses in diet, indolence, and similar indiscretions, he yet deprecates too studious a particularity in the articles of our food, justly remarking that those who accustom themselves to live too strictly according to rule, will infallibly fall ill upon the occasion of any accidental or even necessary deviation from their wonted regularity. Modern readers may be surprised to find the flesh of the fox, dog, horse, and ass, among ordinary articles of diet. He tells us the best water is that which is colourless, tasteless, and inodorous, and taken from springs rising towards the east;* but here again, with his usual sagacity, he forbids a valetudinarian fastidiousness in regard to water to persons in health, bidding such drink the first they come to. He speaks of hot and cold mineral springs, specially mentioning those which contain alum. As a rule he directs wine to be drunk mixed with equal parts of water—rather stronger in winter, and weaker in summer. Minute directions respecting exercise are given in the book on gymnastics—which, however, was perhaps composed by Herodicus—as, for instance, what kinds of exercise are to be taken fasting, replete, in the open air, in the sun, in the shade, morning or evening, naked or clothed. Wrestling and the ball are specially mentioned. Directions are also given respecting baths, friction, and inunction; the hours of sleep and of waking; the air we breathe; the control of the passions, and most other accidents of life. Hippocrates directs that (in health) due excretion is to be maintained by means of exercise, but allows occasional

* Op. cit. p. 37.

† This expression is, perhaps, somewhat ambiguous, as, of course, every place is east of some other place. I suppose Hippocrates meant that the streams must run from east to west.

clysters or suppositaries, if necessary. He advises that emetics be taken once or twice a month during winter and spring. He has also some thoughtful remarks on the subject of climate, and directs that every physician should make a careful topographical and sanitary study of the locality in which he happens to practise,—not, (as is the ridiculous custom among some nowadays) with the view of sending valetudinarians with more money than brains gadding half round the world the moment a streak of blood can be detected in the sputum; a custom which Hippocrates expressly deprecates as foolish in itself, and subversive of society in its consequences; but in order that the physician may learn what diseases he is most likely to encounter in the place of his sojourn, and prepare himself accordingly.

The subject of the diet of invalids was first treated of by Herodicus, and further investigated by Hippocrates. In acute disease ptisans of wheat, barley, or lentils are recommended, while a mixture of honey and water (vinegar being sometimes added) is given as a drink. But even in acute diseases wine is not absolutely prohibited, unless cerebral symptoms appear. In chronic cases great stress is laid on the use of milk and whey. Baths are sometimes permitted, but with regard to this and every other item of regimen, Hippocrates remarks, with his usual sagacity, that much regard must be had to the patient's habits when in health. In chronic diseases exercise is prescribed, and, even in acute cases, sloth is condemned, "it being necessary sometimes," says Hippocrates, "to drive timid persons out of their beds, and to stimulate the lazy."

Having seen above what were the doctrines of Hippocrates regarding "dyscrasias" and "critical evacuations," it is not surprising to find that his pharmacology refers chiefly to cathartics, diuretics, sudorifics, and such like evacuants. He was so enamoured of the "purging" theory, that he even speaks of "purging the head" by means of sternutatories, in inveterate cephalalgia, phthisis, some forms of jaundice, and most chronic maladies, thinking by this means to evacuate large quantities of "pituita," which he supposed to be the proper secretion of the brain just as the bile is of the liver;—and "purging the lungs" by means of injecting irritating fluids into the trachea, thereby promoting cough and copious expectora-

tion.* In the treatise *de affectionibus* we have an account of "alteratives," which, we are told, "act either by heating or cooling, drying or moistening, constricting or relaxing, condensing or dispersing." To this is subjoined a notice of narcotics. It is gratifying to find that the treatise in which this rhapsody occurs is by many ascribed to Polybius, the son-in-law of Hippocrates, and not to the "divine old man," as Hippocrates himself has often been called.

The directions respecting "purgation" are, that "only mature humours must be purged"; purgatives are not to be given during the dog-days, in infancy, in old age, or during pregnancy; they are to be given at the commencement of fevers if the urine is turbid, but not otherwise; *it is useless, we are told, to endeavour to discuss or resolve a local inflammation from a diseased part by means of purgatives, as such draw nothing of the morbid matter from the seat of inflammation, and only injure the remaining healthy structures.* It would have been well, indeed, for suffering humanity had this maxim been duly remembered during the ages which elapsed between Hippocrates and Hahnemann; but, unhappily, the former did not always act upon it himself; thus, for example, we find him administering purgatives in pleurisy. He used them chiefly in chronic diseases.

Regarding the various modes in which critical evacuations take place, we are told that "Different maladies end by catharsis, emesis, or diuresis, but diaphoresis is common to all." It is curious there is no mention here made of bleeding. Elsewhere he forbids blood-letting during infancy, extreme age, pregnancy, and in weak constitutions, but it is indisputable that he practised it to a most heroic extent in acute cases of pneumonia, pleurisy, &c., and even simply to relieve pain, in what he deemed suitable subjects.

We need institute no curious researches in order to find abundant instances of homœopathy in the practice of Hippocrates. Thus he prescribes *veratrum* for cholera, cantharides as a diuretic, and *mandragora* for convulsions, *but in small doses lest it excite cerebral disturbance.* He also prescribes a kind of poppy in some cases of constipation, and a salt of iron as a purgative. He rarely gave

* A similar heroic practice (though with a different intention) was of late years revived by Dr. Horace Green, of New York.

opium to procure sleep or relieve pain. Also, in chronic cases, he directs purgatives to be given to remove "ichor," in which, perhaps, we have something analogous to the "psoric" hypothesis. He also prescribes sulphur inhalations in the treatment of quinsy.

Little need be said regarding the gynaecology of Hippocrates, although he wrote specially on this subject. He attributes a large number of female diseases to displacement of the uterus, and gives many directions to effect its re-adjustment. He employed pessaries largely. In his obstetric practice he used a kind of crotchet, which he called the "talon" from its shape, for the extraction of dead children, the bodies of whom he sometimes even removed piece-meal.

He has left behind him a book in which he minutely describes the various kinds of surgical instruments in use in his own time, another on "Fractures," another on the "Articulations," and a fourth entitled "Mochlicus." Dr. Russell remarks, "These are all admitted, even at the present day, to be master-pieces of exact and exhaustive descriptions of the accidents to which bones and joints are liable."* He described, if he did not invent the operation of trepanning, but does not appear to have performed the operation of lithotomy, which seems from his celebrated "oath" to have been confined in his time to a special class of practitioners. He also gave minute and valuable directions for the practice of extension in the reduction of luxations, and on the art of bandaging.

The age of Hippocrates was, perhaps, the most brilliant in the intellectual history of Greece. During his long life he witnessed the triumphs and sufferings of Socrates, Euripides, Sophocles, Plato, Xenophon, and Thucydides; he was the compatriot and friend of Apelles, and lived on terms of intimacy with Democritus.

Besides his son-in-law Polybius, he left behind him two sons, Thessalus and Draco, who followed their father's profession with much distinction.

Among the contemporary physicians may be mentioned Ariston, to whom some have ascribed the book "on diet"; Acumenus, a friend of Socrates, chiefly remembered by his advocacy of exercise in the open air in preference to that taken under shelter; Acesias, who was so uniformly unfortunate in his practice as to give rise to

* Op. Cit. p. 61.

the proverb, "*Acesias has been meddling with it*," when an affair went from bad to worse; Archidamus, who advocated dry friction in preference to inunction; and Eryximachus, whose fame mainly rests on his triple cure for hiccough—(1) by holding the breath, (2) by gargling, (3) by forced sneezing.

Among his immediate successors were Prodicus, who seems to have been a good deal of a pedant, and to have derived his chief fame from having been accidentally confounded with Herodicus; Dexippus, a fellow-countryman of Hippocrates, who is said to have saved his compatriots from the continuance of a war with Hecatomnus, king of Caria, by making the cessation of the war a requisite of his attendance on that monarch's sons; Ctesias, the historian and physician, who long practised at the Persian court, after having been captured by Artaxerxes Mnemon at the battle of Cynaxa; Periander, not the so-called sage, but he who was rallied by Agesilaus on being a bad poet though an expert physician; Menecrates, whose presumptuous folly led him to assume the name and titles of Jupiter, and of whom the amusing anecdote is told, that having on one occasion inscribed a letter to Philip of Macedon "*Menecrates Jupiter wishes King Philip prosperity*," the monarch replied, "*Philip wishes Menecrates a return to his senses, and advises him to take a trip to Anticyra*" (where hellebore grew, the old specific for insanity); and Eudoxus. Plato, also, and Philip of Macedon, were among the votaries of physic.

Having thus brought this brief summary down to the time of Aristotle, it will be well here to glance at the leading medical sects of antiquity, even although this does some violence to chronology, since it will save much repetition hereafter. The three most celebrated and most ancient sects were the "Dogmatists," the "Empirics," and the "Methodists."

The Dogmatists maintained that it is necessary to understand the *hidden* no less than the *obvious* causes of disease—apparently signifying by the former such questions as whether maladies arise from excess or deficiency of some constituent of the frame—or from the "humours," as Herophilus taught,—or, in the last resort, from the "spirits," as Hippocrates supposed. They admitted that experiments were necessary, but argued, justly enough, that reason must in a great measure direct us in the selec-

tion of experiments, and in our deductions from them. They maintained that the various physiological processes must be carefully studied by means of vivisection of the human subject, as they thought an accurate conception of the normal character of those functions necessary to a prudent treatment of their morbid affections. They devoted much attention to anatomy, and seemed to regard vivisection as the sheet anchor of medicine.

The Empirics only professed to regard the obvious causes of disease, as they held the *hidden* causes to be essentially incomprehensible. They remarked that the practice of those who held the most antagonistic views upon medical subjects seemed about equally successful, which could hardly be the case were the art of medicine really based upon abstract reasonings. Furthermore, even when the cause of the ailment was perfectly evident, as in the case of wounds, this by no means of necessity suggested the remedy. They fully admitted the necessity of reasoning in medical practice, but insisted this should be employed upon the *cure*, not upon the *hidden* and often imaginary *causes* of disease—not in inquiring the *cause* of arterial pulsation, but rather in discovering what the varieties of the pulse indicate as symptoms and guides to treatment.* They further stigmatized the vivisections practised by the Dogmatists as the procedures of homicides, cut-throats, and hangmen. "The natural result of this brutal procedure, combined with an entire laxity of morals and excessive voluptuousness, was the utter degradation of the art and practitioners of medicine. Indeed, how could men who had been taught to look upon a human being undergoing the agonies of various prolonged surgical operations for the amusement or instruction of the operator, be very much concerned about the fate of their patients, so long as they were paid."†

The Methodists "maintained that the knowledge of no cause whatever bears the least relation to the method of cure; and that it is sufficient to observe some general symptoms of disease; and that there are three kinds of diseases, one bound, another fluent, or attended with some

* They rested their medical art on the famous "tripod" of Observation, History, and Analogy.

† Dr. R. Russell, *History and Heroes of the Art of Medicine*, p. 70.

kind of discharge, and the third a mixture of the two.* That these kinds of distempers are sometimes acute and sometimes chronic; sometimes at their stage of development, sometimes at their acme, and sometimes at their decline. Different kinds of treatment are required for these several varieties the observation of those things constitutes the art of medicine, which they define as a certain way of providing a method. Hence they got the name of Methodists. The corresponding *soubriquet* in modern English is perhaps Routinists."†

Now, the "Dogmatists" or "Rationalists" were certainly right in regarding "obscure" symptoms as no less forming part of any disease under consideration than such as are more "obvious." They were also unquestionably right in paying attention to morbid and natural anatomy, although, in my opinion, the method they took of investigating this by means of vivisection was an atrocious piece of wickedness. The structural changes in any disease, whether drug disease or other, form a necessary element in the "picture of disease" we ought to have present to our minds. And the "recondite"—seemingly accidental—symptoms, which Hahnemann was so derided for recording, have often given valuable hints in practice.

But, at the same time, the "Empirics" were *in their own days* right in asserting that these symptoms gave no indication of the treatment which ought to be adopted, for the simple reason that *then* the relation between drug action and the course of disease had not been discovered. The nature of drug action, and its relation to disease, can only be discovered by experiment, and hence the "Empirics" were fully justified in maintaining that the true place of "reasoning" in the art of medicine was "*à posteriori*," not "*à priori*."

Again, the "Methodists" (whom Dr. Russell calls the first "Nosologists") were practically right in asserting that *some* method must be adopted, if only as an aid to memory. But this aid has now been supplied by the "Organopathy" of Dr. W. Sharp, F.R.S., by which we are led to investigate the various tracts affected in each disease, and specially amenable to the influence of each

* Themison, the founder of the Methodists, probably took this notion from the doctrines of his master, Asclepiades, concerning the pores.

† Op. cit., p. 45.

drug. By paying due attention to the relations between these we have not merely a valuable mnemonic assistance, but can also rest our practice on solid grounds of pathology and morbid anatomy, and not on vague speculations about the "dilatation or constriction of the pores."

Hence the homœopathists of the present day recognise all that is really valuable in the teaching of the three chief schools of antiquity, while the discovery of the true law of drug administration enables them to reconcile much which formerly must have appeared inconsistent.

From the sect of the "Methodists" sprang two others less generally known, viz., the "Episynthetics," under Leonidas of Alexandria, who, from their name, seem to have endeavoured to amalgamate the doctrines of the three more ancient sects; and the "Eclectics," under Archigenes (a contemporary of Trojan, referred to by Juvenal), whose designation would appear to imply that they selected various doctrines from all quarters, exercising perhaps a more rigid process of exclusion than their rivals. We learn from Suidas that Archigenes was a Syrian by birth, and a voluminous writer on medical subjects; he is supposed by some to have attended the death-bed of the Emperor Adrian.

Another sect, the "Pneumaticks," arose under Athenæus, about the time of Pliny. Instead of regarding fire, air, earth and water as the four "elements," he described as such what have been called the primary qualities of matter, viz., heat, cold, dryness and moisture—the two former of which he named efficient causes, and the two latter material causes. To these he added a fifth, "spirit," which (with the Stoics) he supposed to permeate all bodies, and to preserve them in their natural conditions. To affections of this principle he ascribed the origin of most diseases, in the last resort. He attributed the pulse to "a natural and involuntary dilatation of the spirit," but as only a few chapters of Athenæus have reached our times (having been preserved by Oribasius), it is impossible to give any minute account of his doctrines.

The "Dogmatists," or "Rationalists," considered themselves the legitimate followers of Hippocrates. The foundation of the "Empiric" sect has been variously ascribed to Acron of Agrigentum, Serapion of Alexandria, and Philinus of Cos, who is said to have been a disciple of Herophilus. By my wish to give a short simultaneous

view of the various leading medical sects of antiquity, I have, however, been led to violate chronology to a sad extent, so that it now becomes necessary to retrace my steps and briefly consider some of the most eminent physicians and philosophers who flourished in the long interval between the rise of the "Empirics" and that of the "Pneumatics." (To be continued.)

REVIEWS.

Bœricke & Tafel's Quarterly Bulletin of Homœopathic Literature.
No. 11. February, 1874. New York and Philadelphia.
Agents for Great Britain: Henry Turner & Co., 77, Fleet-street, London, E.C.

There can be no question that our profession at present stands greatly in need of an Encyclopædia of Homœopathic Materia Medica, and the eleventh quarterly bulletin of that enterprising American firm, Messrs. Bœricke & Tafel, announces that this need is in the way of being supplied. Nay more, the chapter on *aconite* is already printed as a specimen of the whole work, so that we are enabled to judge, not only of the paper and type to be used, but also in some measure to forecast the character and aims of the whole publication.

It is proposed that the work should be issued in a series of volumes of 640 pp. each, and it is estimated that five or six vols. will be necessary for its completion. The price per volume will be 5 dollars to subscribers, and 6 dollars to non-subscribers; in other words, about £6 and £7 respectively. Unless, however, five hundred subscribers can be found for the work, it will not be started at all: but this number of subscriptions "will fall very far short of the actual cost and outlay," though it will suffice to place the publication "upon a satisfactory financial basis." So much for the commercial arrangements: they are dictated by sufficient prudence and foresight: and we cannot but think that the publishers' appeal will meet with an abundant answer from both American and English homœopathists, to enable them to commence the issue of the work forthwith.

We turn now to Dr. Allen's introduction to the chapter on *aconite*, where we find the following points set forward, enhancing very greatly the value of his work:—

(a.) The compilation of symptoms has been made from Hahnemann's *résumés*, and those of the Austrian Society, from Dr. Dudgeon's monograph in the Hahnemann Mat. Med.; from all other discoverable provings, and from cases of poisoning.

(b.) The small numbers placed after each symptom refer to

the authority in each case,—information of great importance both to the critic and the student.

(c.) Four grades of symptoms:—1, in plain type of ordinary importance; 2, italics, denoting important symptoms; 3, "stars," denoting verifications; and 4, heavy type for symptoms of the highest importance.

(d.) "Pathological names and clinical hints are omitted, and referred to repertories, clinical guides, etc."

The above seem to us to be Dr. Allen's strong points, but he has some weak ones as well, and we shall be doing a service to his work and to homœopathy if we indicate these clearly and decidedly.

(a.) Dr. Allen takes only partial advantage of the criticism which Dr. Richard Hughes has lately initiated on the Hahnemannian provings. He says, "A few have been corrected, as indicated by Dr. Hughes in the *M. H. R.*; some of Hahnemann's symptoms, derived from clinical cases or poisonings, have by some been considered unreliable; as for example, most of Greding's symptoms; but though symptoms so obtained are often treacherous, Hahnemann seemed to possess the keen perception of the master mind, for it is found that these symptoms are remarkably corroborated by those obtained by provings on the healthy; a few, however, are put into brackets, but none are omitted." We could have wished—we still wish that this were decided otherwise. Even in brackets misleading symptoms should not be introduced, and misleading, because unfounded, some of these symptoms are. Those that have been apparently corroborated by true provings on the healthy should also be omitted; the more so, in that the indications which they convey will still stand good in the well proved symptoms.

(b.) "A few clinical symptoms" are admitted, reluctantly, Dr. Allen confesses. He does not inform us how they are indicated, and he himself sees clearly enough the reasons which hold good against their admission. He says, "No accurate system of therapeutics can ever rest on a clinical basis; the elements of uncertainty are too numerous." True enough, and we regret that even in a few instances he has thought fit to depart from so decided a standpoint.

(c.) The arrangement of the symptoms in each paragraph is such that it "involves no theory, and causes no confusion; "first, objective and then subjective symptoms, and second, excitement or depression of the function of sensation." There is, of course, in this the advantage of simplicity, but we very much question the desirability thereof; shall the stool symptoms of *opium* and *colocynth* and *bryonia* severally commence with constipation, and terminate with diarrhœa? Would it not be far better to give as nearly as possible an approach to the

primary and secondary symptoms of the drug? or if our knowledge would not always permit this to be done, to classify the symptoms, according as they were induced by toxic, by material, or by attenuated doses of the drug?

(d.) The sources of the symptoms are not given with sufficient clearness; the works and the pages from which they are culled should be distinctly cited, so that the labour of verification may be always reduced to a minimum. Without this the student is left too much at the mercy of the editor.

We are glad to notice that Dr. Allen has secured the assistance of Dr. Carroll Dunham for the supply of "verifications" from his own experience. It would add, we believe, considerably to the utility of the work, if the same physician would prefix a commentary to each medicine, indicating the tracts affected, and the manner in which they are affected, at the same time abstaining from any *clinical* remarks. Such a procedure would be entirely in harmony with the character of an encyclopædia, and at the same time would give to the student and junior practitioner an insight into the scope of the remedy, which otherwise he might be long in seeking.

Dr. Richard Hughes of Brighton has also undertaken to verify Hahnemann's quotations from other works in his *Materia Medica*. The work which this physician has already accomplished in this department shows not only the necessity thereof, but his own peculiar fitness for it. The Encyclopædia will benefit greatly by his labours on this point, and we trust that Dr. Allen will be bold enough to make unsparing use of the knowledge which our colleague will lay at his disposal. Our respect for Hahnemann is always the truer and more noble, when it urges us to correct that which seems faulty in his work, rather than hide with the shadow of his name the lesser errors of which he was guilty. His monument of fame will stand out all the more illustriously in the eyes of posterity, when the blemishes peculiar to the great conception of one mind are removed by the manysided experience of his followers.

In conclusion, we wish this enterprise all success. If launched on the profession without improvement, it will still be a very great and important boon to them, while with the alterations we have suggested, its value will be still further increased. Our sole object in offering the hints we have given is to do what we can towards rendering this *magnum opus*, if not "an edition *de luxe*," yet one as good as can be made. All we desire is, that every effort should be made to secure accuracy, that as far as possible no doubt should remain as to the reality of every symptom recorded being the real result of the drug to which it is attributed.

The Homœopathic Medical Directory of Great Britain and Ireland, and Annual Abstract of British Homœopathic Serial Literature. 1874. London: H. Turner & Co.

The editor of this volume tells us only too truly that it is "somewhat later" in the field than most annuals. It is, in fact, nearly four months later. The causes of this delay have been, we are informed, "unavoidable." We can only hope that measures will be adopted to escape the influence of similar causes in the future. We believe from all we have heard that the obstacles to its publication at the right time have, on this occasion, been considerable. The frequent change of editor has undoubtedly rendered punctuality a matter of extreme difficulty. We hope that Dr. Blackley will stand by this work, and so admit of its appearance on the 1st of January next year.

The preface is well written, and gives a satisfactory account of the progress homœopathy is making both at home and abroad. The list of practitioners of homœopathy is not a long one. This is easily accounted for by the fact that many who are at the present moment really practising homœopathy, and who do not hesitate to admit among their friends and acquaintances that they do so, will not allow their names to be published as homœopathic practitioners. Some object to what they are pleased to call "assuming a sectarian attitude:" others are afraid to avow in so public a manner their faith in the therapeutic system first taught by Hahnemann. We believe, on the other hand, that it is a duty we owe to truth in medicine, as in all things, to stand forward in its defence at all times. In the matter of homœopathy this duty is more than incumbent upon us now when not a few are endeavouring to build a reputation for an unusual power of insight into therapeutics, by studying the works of homœopathic authors, and then giving to the world the product of their reading as original matter! It is nothing less than our bounden duty to protect the memories of those who have preceded us in the investigations which have made homœopathy so tempting and profitable a field for the plagiarist, and by every means in our power to claim for them that post of honour in the advanced guard of medicine to which they are entitled. We must then not shrink back from defending as true, and from tracing to their proper sources those principles which are destined, at apparently no very distant period, to constitute the basis of all rational therapeutics. To do so in any way is but to play the very ignominious, the unutterably contemptible part of the coward; and, at the same time, to give a moral support to those who, to promote their own selfish ends, would rob the dead of the honour which is justly theirs.

“The abstract” of the serial medical literature connected with homœopathy consists rather of copious extracts therefrom. This, as we remarked when reviewing the previous issue of the Directory, is not what we require. As we wrote then, so may we write again, “We do not desire two-thirds of a paper to be reprinted, but to have the gist of the more important ones given, and the leading clinical facts which have been recorded grouped together in a manner available for ready reference.” The abundant use of the scissors in the volume before us has probably been deemed unavoidable, in consequence of the hurry requisite to get out the work at all. But with the year before him, the editor can now do his business leisurely, and we trust that greater condensation and greater variety will characterize the Directory for next year. As has always been the case, the book is got up in a manner very creditable to its publishers.

EXTRACTS FROM MEDICAL LITERATURE.

In the *British Medical Journal* (Feb. 7th) a paper “*On the use of Ipecacuanha in Infantile Diarrhœa*” occurs by Dr. FARQUHARSON. Dr. F. is, or seems to be quite unaware that his remedy is a homœopathic one; in either case, he quotes Ringer as his authority. Some of his remarks on the usual allopathic treatment of diarrhœa are interesting and instructive, as shewing the amount of reliance “regular” practitioners place in their remedies, and contrasting *ipéc.* with such. He says:—

“As a rule, I have found that the diarrhœa of children does not bear astringents well. Temporary benefit may seem to be derived from one or other drug of this class; but, after a few days, the purging returns as badly as before, and the patients suffer, as they often do, under the ill considered use of strong tonics, with headache, dryness of tongue, and slight feverish symptoms. We are, therefore, compelled to change our treatment from time to time; and, even after a careful trial of various and widely contrasted pharmacopœial preparations, we may find that we are making no progress, and that the patient is being gradually exhausted by a number of dark, loose, and offensive evacuations. Ipecacuanha will here do us good service, and a very few doses will usually not only greatly improve the character and consistence of the alvine discharges, but greatly diminish, or quite check, their abnormal frequency without causing subsequent torpor of the bowels.

“Dr. Ringer has well shown that in those few cases in which the drug does not absolutely stop diarrhœa, it causes the motions to become more solid and of natural colour, and that, no matter whether they be originally brown, green, or yellow, this benefi-

cial result is produced. But my experience leads me to add, that ipecacuanha is not only quite useless, but may even do harm in those cases where the evacuations are whitish and watery. It is not uncommon, however, during cold or damp seasons of the year, to meet with diarrhœa in which dysenteric symptoms prevail, and where a previously healthy child is suddenly seized with purging of blood and slime, attended by great abdominal pain, tenderness, and tenesmus. We will here find that ipecacuanha exerts almost a specific action; and I have even found that a single dose of one grain has been sufficient to bring about most marked improvement in these troublesome symptoms."

In the former numbers of the "Extracts," I quoted three cases of *Spina Bifida*, cured by injection of a solution of *iodine* and *iodide of potassium* in *glycerine*. The reason of the success in these cases seems to have been the employment of glycerine, instead of water, as a vehicle. A fourth successful case is recorded (*British Medical Journal*, Jan. 31st) by Dr. Watt of Ayr. The child was three years of age. The swelling at birth was the size of a walnut, but had enlarged till it measured 13½ inches in circumference, and projected 4 inches from the surface. Several injections were used, 46 ounces were altogether removed, and the treatment occupied seven weeks. The result perfectly successful.

A very interesting and important paper occurs in the *Lancet* (Jan. 17th and 31st) on *The use of Mercury in Syphilis*, by Mr. JONATHAN HUTCHINSON. The opinions of so able and experienced a surgeon are worthy of attention. They are chiefly interesting to homœopaths, as corroborating entirely their views on the matter. We believe that from its physiological effects being so similar to *syphilis*, it is *the* remedy for that disease, but, of course, according to our principles it must be given in less doses than will produce the physiological effects, such as salivation, &c. Mr. Hutchinson ends his paper by giving a summary of his beliefs on this question, which is here subjoined.

"That mercury is probably a true vital antidote against the syphilitic virus, and that it is capable of bringing about a real cure.

"That, in practice, a good many cases are really cured by mercury; the cure being proved by the restoration to good health, and, in some cases, by renewed susceptibility to contagion.

"That the probability of cure depends upon the stage of development attained by the disease when the remedy is resorted to, and upon the perseverance with which it is used.

"That, in order to secure the antidotal efficacy of mercury against syphilis, it is desirable to introduce a considerable

quantity into the system, and to protract its use over a very long time.

“That ptyalism and other evidences of the physiological action of mercury, so far from being beneficial, are, if possible, to be carefully avoided, since they prevent the sufficiently prolonged use of the remedy.

“That in cases in which the patient shows an idiosyncrasy peculiarly susceptible to mercury, the indication is to reduce the dose rather than to omit the drug.

“That it is impossible to begin the administration of mercury too soon, and that it should be resorted to without loss of time in all cases in which a chancre shows a tendency to indurate.

“That many cases of indurated chancre, treated early by mercury, never show any of the characteristic symptoms of the secondary stage.

“That in other cases of mercurial cure of the chancre, in which yet secondary symptoms do occur, they are usually milder than if allowed to develop without specific treatment.

“That, when mercury does not wholly abrogate the secondary stage, it exhibits a remarkable power in delaying it.

“That delayed outbreaks of secondary syphilis are to be regarded rather as proof that the administration had not been sufficiently persevering than that the remedy was not efficient.

“That it is probable that the risk of tertiary symptoms is in ratio with the severity and prolonged duration of the secondary stage.

“That there are some grounds for believing that the tertiary symptoms of syphilis are both less frequent and less severe in those who have been efficiently treated by mercury than in others.

“That mercury, cautiously given, does not, in a great majority of instances, do any injury to the general health, and that its local inconveniences may usually be prevented.

“That the doctrine of the real antidotal character of mercury, in respect to syphilis, ought to lead to much more prolonged administration of it, with the hope of destroying utterly all lingering germs of the malady.

“That most collected statistics as to the duration of treatment and freedom from relapse are misleading and worse than useless, because usually the treatment was far too short to be effectual.

“That it has not yet been proved that there are any special forms of syphilitic disease in which mercury ought to be avoided, although, as a general rule, it is acknowledged that it must be used with more caution in all forms which are attended by ulceration than in others.

“That iodide of potassium possesses little or no efficacy against either the primary or secondary form of syphilis.

"That the efficacy of mercury is often most signally proved in cases which have utterly resisted the action of iodide of potassium.

"That it does not much matter whether mercury is given by the mouth, by inunction, or by the vapour bath, provided that, whichever method be selected, care be taken to avoid salivation, purging, &c.

"That the doses usually resorted to for internal administration are for the most part too large, and thus often necessitate a premature discontinuance of the remedy.

"That if one method of administration does not proceed satisfactorily, another should be tried; and that in no case of difficulty should the vapour bath be forgotten."

In the *British Medical Journal*, April 11th, the following interesting case of *Poisoning by Codeia*, is related by Dr. MYRTLE of Harrogate:—

"Last summer I had a run of cases of saccharine diabetes. One female and eight males consulted me, during August and September, suffering from this complaint. Every kind of treatment had been put in force, from skimmed milk to creasote; every system of diet had been adopted with apparently very little success. At last one gentleman presented himself who had been ill for eighteen months. During that time he had gone through the faculty at home and abroad; he had visited mineral springs innumerable, and finally arrived at the conclusion that the only remedy which gave him relief, and checked the progress of the disease, was codeia, prescribed for him by Dr. Pavy. He assured me that all other preparations of opium had been tried, and found useless. This was the first time I had heard of codeia being used therapeutically. I asked him how much he took; he did not know; his London chemist had his prescription, and supplied him with pills as required. Of these he took one night and morning. I thought I had got an useful hint, and determined that the first case which turned up should be put under the influence of this new remedy.

"Soon an old patient came from the North to see me; he had become alarmed, as a physician had told him his urine was wrong. On inquiry I found he had been subjected to much anxiety, watching, and grief; first, by the long-continued illness and death of his mother from epilepsy, and secondly, from the death of his brother from diabetes, which had run its course with unusual rapidity. Since then he had perceived little wrong with him, except that he felt very much depressed in spirits, disinclined for active exercise, and had periodically been attacked with what he called 'the strangest pissing fits.' These came on suddenly when in church, whilst out walking or riding, and the amount which he passed at a time was very great. He

had not observed any change in appetite, had no thirst, and was, he thought, of his average weight. He did not know under what medical treatment he had been, and ate and drank moderately of anything which came in his way. On examining his urine I found it of a pale lemon colour, having a fruity smell, and a specific gravity of 1038; it contained a large amount of oxalate of lime in octohedral crystals, and showed abundant evidence of the presence of sugar with the usual tests. I thought of a trial of codeia. I wrote a prescription for pills, each containing four grains of codeia, and one-twentieth of a grain of sulphate of strychnia; the patient to take one night and morning. The diet and everything else were as usual. The chemist to whom the prescription was sent, very properly called on me, saying that he feared I had made a mistake, as the dose seemed to him excessive; but, as Dr. Gregory (quoted in Squire's *Companion*) had not found it so, I asked if he obtained his codeia from a reliable chemist; and, learning that he got it from Messrs. Smith of Edinburgh, I told him to make up the pills as ordered.

“On the following morning at 10 o'clock I found my patient standing at his hotel door. He asked me if he might accompany me in my round, and away we went. I began to think codeia in four-grain doses must be a very mild agent indeed; but, on questioning my friend, I discovered that the pills had arrived too late for him to take one the previous evening, and he only had swallowed his first half-an-hour before I found him that morning. By and bye he said, ‘I feel uncommonly jolly, as if I were up to anything. I have such a genial glow all over me.’ We walked together for two hours. He then left me to write letters. As soon as he began to write, he observed he did not see the letters distinctly. Suddenly his sight failed him; he felt the room going round with him, and made for the door, got into the open air, feeling very bewildered, but directing his steps to my house; he knew he met two ladies, recognised their voices, but could not speak to them. At 1.30 I found him in my study, just four hours after he had taken the pill. He was standing, holding on by the back of a chair: he had a terrified look, was exceedingly pale, sweat was standing in large beads on his forehead, his pupils were slightly contracted, the pulse at the wrist was scarcely perceptible, the surface of the body was cold and clammy, his voice was reduced to a whisper. I asked, ‘Have you vomited?’ ‘Only a mouthful.’ ‘How do you feel?’ ‘Sick as death.’ I at once gave him a tumbler of hot water with brandy and ammonia; this he at once ejected. I repeated the dose in five minutes, and made him lie flat down, wrapping him in warm rugs. In half an hour he showed signs of improvement, said he was in no way sleepy, just terribly

sick, as if he had smoked a lot of bad tobacco. He remained in this state till ten at night; during all this time, if he attempted to move, he began to retch violently. I got him to bed, applied hot bottles to the feet, and covered him well over with blankets. He passed a wretched night, slept none, and was slightly delirious. He got up next morning at nine o'clock, feeling still very sick and ill. His pulse was 56, the surface was cool, the face pale, the pupils much contracted. He had passed about six ounces of urine; he could eat nothing all day; late at night he took a cup of tea and some dry toast, and went to bed, slept well, and rose, feeling quite himself, in the morning. I examined his urine of the previous night and morning; he had not passed much. Its specific gravity was 1018; there was no sugar; oxalates were still plentiful.

"I told him of the mistake I had made; that I wished him to give codeia a fair trial, and that I would reduce the dose to one grain: this proved too much, so I had to reduce it to half a grain. This he has taken night and morning for two months. There has been no return of glucosuria. About the end of December he wrote:—'Since you nearly did for me I have only had one slight attack of diuresis, and that, I think, was brought on by exposure to cold. I consider myself quite well now.' His medical attendant, Dr. Wilson of Alnwick, has since written me, confirming the above report, and stating that, in his opinion, the case was one of those transient forms of glucosuria which we occasionally meet with, arising from some disturbance of the nervous system. In this I fully concur; at the same time as his brother had so recently died from diabetes, I thought it right to persevere with the treatment for a considerable time after the sugar had disappeared.

"In the discussion which followed the reading of this case, I was struck with the general opinion held that codeia depended solely on the presence of morphia for its effects. Is it so?

The symptoms I observed lead me to infer that, as a therapeutic agent, it forms a connecting link between morphia and nicotine. First, we had a short period of decided vascular excitement, with consequent increased nervous activity and power, common to both; then followed a period of depression, with symptoms equally common to both—dimness of sight, nausea and sickness, cold clammy skin, muscular debility, and a manifest and persistent 'slowing' of the vital functions. On the other hand we had no stupor—not even drowsiness; no headache, as with opium; no vomiting, no increased alvine, vesical, or salivary action, as with tobacco. In thirty-six hours the patient had completely lost all his disagreeable feelings, and was free from all signs of having been poisoned by codeia."

The *British Medical Journal* (April 4th) has the following case of *Poisoning by Picrotoxin*:—

A Danish medical practitioner, Dr. BÆTTERN, of Faaborg, relates in the *Hospitals Tidende* a case of poisoning by picrotoxin or colchicin, in which he himself was one of the sufferers. He says that he and three other gentlemen had supper on February 25th at a friend's house, and drank some "English ale." About a quarter of an hour after the meal they were all attacked with pain in the stomach and frontal headache; soon afterwards three of them had violent vomiting, which recurred frequently during the evening, and, in the narrator's case, was accompanied by profuse watery diarrhœa. The servant had similar symptoms; and she said that she had taken nothing all the evening but a little of the ale that was left. The vomiting continued through the night in one of the guests; the others slept well. The next morning they all had epigastric oppression, a feeling of burning heat in the head, thirst, and rigors; one had severe rheumatic pains in the back and loins. In Dr. Bætttern himself there appeared an abundant lichenous eruption on the face, which spread over the entire body, and began to disappear after five days under the use of warm baths and mineral acids. The ale was imported in an anker from England, and bottled in the town where it was used. The four guests, Dr. Bætttern says, had each drunk not more than a small ale glass (size not stated), and the servant had taken what remained in the glasses. The ale was rather thick, and had a somewhat flat taste; it was probably some of the last in the barrel. The host and a lady, who had frequently drunk small quantities of ale from the same barrel, had now and then suffered from frontal headache, cardialgia, and nausea, without being able to ascertain the cause. On examination, colchicin was found in the ale remaining in the bottle from which the guests had drunk, and also in several other bottles of the same ale. No details as to quantity are given; but Dr. Bætttern says that the makers of the analysis will publish a report in a pharmaceutical journal.

The following from the *Medical Times and Gazette*, March 21, is an interesting corroboration of Dr. EDWARD BLAKE's observations upon the occurrence of sublingual ulcer in cases of whooping cough:—

Pathognomonic Sign of Pertussis.—The practitioner may be sometimes consulted on a case of whooping cough, without having the opportunity of witnessing a paroxysm. In such a case M. Bouchut recommends him to examine the frænum linguae, which he will always find the seat of a small ulcer in children the subjects of pertussis, or who are on the point of becoming so.—*Révue Médico Photographique*, February.

In the "Extracts," I have once or twice noticed the effects of *Croton Chloral Hydrate* in *Neuralgia*. In the *Lancet* (Jan. 31st)

a paper on the above subject occurs by Dr. B. Yeo. After giving a number of cases, he has the following remarks on the dose :—

“ Finally, as to the dose. I am satisfied that in dealing with this substance we must give an unusually wide range to the dose, for its effects vary greatly, not only on the human subject, but also, as I shall show hereafter, on the lower animals. The doses I have given varied from one to ten grains. In delicate females I have found very decided effects from doses of two and three grains. In strong males a dose of ten grains is often required to produce any appreciable effect. As might have been expected, persons who have been accustomed to the use of anodyne medicine require larger doses than others. The dose must also be proportionate to the severity and long-continuance of the pain. I would advise that it should be always given in moderate and quickly repeated doses, until the amount of tolerance of the drug in each particular case has been discovered. In severe neuralgias, from two to five grains may be given every hour, or the smaller dose every half-hour, until fifteen grains have been taken. At present I do not think it safe to go beyond this dose. My reason for thinking so will be found in one of the experiments I shall have to narrate, when it will be seen that a dose of twelve grains, injected subcutaneously into a cat, was followed by prolonged unconsciousness, succeeded by attacks of epileptic convulsions, and death after five days. The details of these experiments I propose to reserve for another communication.”

The Medical Record (March 18th) gives the following abstract of the results of experiments *On the Action of the Iodides and Bromides of Mercury* (*L'Imparziale*, March 2nd), by Professor BELLINI, of Florence :—

“ 1. The iodides and bromides of mercury are more or less converted into double salts in the intestinal canal.

“ 2. The reagents which produce this change are, in the stomach, the alkaline chlorides, lactic and hydrochloric acids, and protein aliments, vegetable as well as animal; in the small intestine, the chlorides, and the alkaline carbonates in the enteric juices.

“ 3. The above-mentioned reagents, especially the alkaline chlorides, do not all act with the same energy as the iodides and bromides of mercury; a smaller quantity of double salts of mercury is produced with the protoiodide than with the proto-bromide, and less with the latter than with the iodide or bibromide of mercury.

“ 4. In the large intestine, the iodides and bromides of mercury, and the double salts arising from their decomposition, remain free and unchanged in suckling infants; while in children who are not suckling, and in adults, they are transformed

into sulphides by the hydrosulphuric acid gas which is normally contained in this part of the bowels.

" 5. The iodides and bromides of mercury, applied to healthy or diseased external parts, or injected into the subcutaneous areolar tissue, are partly changed into double salts, principally by the chlorides with which they meet.

" 6. It is as double salts that the mercurial iodides and bromides act both locally and on the general system.

" 7. Thus the iodides and bromides of mercury are subject in the animal organism to the same changes as calomel, varying only in degree.

" 8. Sulphur, and the alkaline hyposulphites, when taken during digestion along with the mercurial iodides and bromides, paralyse the action of the latter: this is the result of the hydrosulphuric acid gas which is given off in the whole alimentary tract.

" 9. This action is also paralysed in cases where there is an abnormal development of hydrosulphuric acid gas in the intestinal canal.

" 10. Milk, richly seasoned diet, the alkaline iodides, bromides, and sulphites, ammonia and its salts, and cherry-laurel water, but not the alkaline hydrosulphites, provided that they are taken during fasting, increase the local and general effects of the iodides and bromides of mercury.

" 11. These effects are increased, when the mercurial iodides or bromides are administered to persons in whose alimentary canal there is an abnormally large amount of ammonia.

" 12. Magnesia, in the form of hydrate or of carbonate, given at the same time with the mercurial iodides or bromides, does not destroy their effects, but rather increases them.

" 13. Acid drinks, food, and fruit, very probably increase the effects of the mercurial iodides and bromides, especially when they are taken some hours after the administration of these remedies.

" 14. The local and general effects of the iodides and bromides of mercury are greater when they are applied to healthy or diseased external parts, or injected into the subcutaneous areolar tissue, in individuals to whom the alkaline iodides, bromides, sulphites, or hyposulphites, are at the same time given internally.

" 15. The local and general therapeutic effects of these mercurials may, however, be absent when they are applied to ulcers or wounds in individuals who make use of alkaline hyposulphites; because the latter, in passing by osmosis from the blood with which they circulate into the morbid secretions, may be decomposed by the acids which are formed there, and then hydrosulphuric acid may be formed at the expense of the sulphur which is precipitated, and may reduce the mercury to the state of sulphide.

"16. Sulphur baths should not be given when inunction with ointment of mercurial iodides or bromides is used, inasmuch as it paralyses their action, and produces more or less severe local irritation.

"17. Clinical observations and experiments on animals are in complete accord with the results of chemical experiments."

In the same periodical we find the following extract:—"On the Treatment of Alcoholism by *Nux Vomica*.—Dr. LUTON (*Mouvement Médical*, December, 1873), describes excellent effects from the use of *nux vomica* in chronic alcoholism, where the evil has not passed into the absolutely degenerative stage of tissue-change. In the tremors, cerebral disorder, and gastro-intestinal and thoracic disorders of alcoholism, he resorts with confidence to the use of extract or tincture of *nux vomica* in ordinary doses."

The following occurs in the *Brit. Med. Journal*, Feb. 21st, and is reported by Mr. JOSEPH DIXON, of Whitehaven:—

"*Case of Poisoning by Berries of the Mistletoe: Recovery.*—On Wednesday, December 31st, 1873, at 9.30 p.m., I was called to see a boy, aged 14, who had been seized suddenly with alarming symptoms. The messenger (uncle of the patient) stated that, an hour previously to my being sent for, the boy had left the house apparently quite well; but soon afterwards (about forty minutes), he was found lying in the street in a state of insensibility.

"I saw the boy at 9.45 p.m., and, from his general appearance, the first impression produced on my mind was that he was in a state of intoxication (alcoholic). He was then reclining on some chairs, with his head rested on his mother's breast. His countenance was suffused, the lips livid, the conjunctivæ injected, the pupils slightly dilated and fixed; the pulse was slow, full, and bounding; the temperature was normal; the breathing slow and stertorous. On pricking the soles of the feet, the limbs were quickly drawn up, showing there was no paralysis of the excito-motory functions. The odour of the breath gave no evidence of alcohol, in any form whatever.

"Cold affusion was applied to the spine, by which means the patient was roused. He was now able to speak, but talked incoherently, had spectral illusions, and was inclined to be violent. At this stage he was induced to take an emetic, consisting of ten grains of *sulphate of zinc*, dissolved in four ounces of water, which he was able to swallow without difficulty. Vomiting speedily followed this administration. On the ejected matters being examined, eight partly masticated berries of the mistletoe were found. The emesis was encouraged, and diluents freely given.

"The condition of the conjunctivæ, together with the other symptoms, seemed to indicate considerable cerebral hyperæmia;

I therefore ordered a sinapism to be applied to the nape of the neck. The patient was then put to bed. He continued in a state of excitement for two hours, after which he fell asleep. On the following morning (New Year's Day), at 10 o'clock, I again visited him, when he declared himself well. He said he ate the berries at about 8.30 on the previous night (December 31st), soon after which he began to feel giddy, and from that time had no recollection of what had transpired. He assured me he had taken no spirit, wine, or beer, whatever. From the absence of any odour of spirit, either in the breath or vomited matters, and also from the fact of the presence of the berries in what was ejected, in addition to the boy stating that he commenced to be ill soon after eating the fruit of this plant, it seemed to me there can be no doubt as to the nature of the case.

"I have never read, nor heard, of a similar case, though I have no doubt such may have been, and perhaps are, of not unfrequent occurrence. The symptoms presented by this boy, then, seemed to have been due alone to the action of this parasitic plant."

D. D. B.

NOTABILIA.

BRITISH CONGRESS OF HOMŒOPATHIC MEDICAL PRACTITIONERS.

THIS important meeting will take place this year in London. The day fixed is Thursday, the 4th of June. Through the kindness of the Board of Management of the London Homœopathic Hospital, the business will be transacted in the Board-room of the Hospital in Great Ormond Street. The members will assemble at half-past ten o'clock, and the proceedings will commence punctually at eleven by the president, Dr. Dudgeon, delivering an address. At the conclusion of this, Dr. Dyce Brown, of Aberdeen, will read a paper on the *Action of Nitric Acid in Diseases of the Chest*. After the discussion on this paper has terminated, the Congress will adjourn for half-an-hour for luncheon, which will be provided in one of the rooms of the hospital, also through the kind permission of the Board of Management. At two o'clock, the Congress will resolve itself into a Committee, to receive the report of the Hahnemann Publishing Society; to elect a President and Officers; to select the place of meeting for the next Congress; and to transact any other business which may be necessary. During the afternoon two other papers will be read and discussed. It is expected that the business of the meeting will terminate at five o'clock. The Annual Dinner will take place at "The Pall Mall," in Waterloo Place, in the large room formerly occupied by Mr. and

Mrs. German Reed's Gallery of Illustration, at six o'clock. The subscription to the meeting and dinner, including a copy of the transactions, is twelve shillings and sixpence. Dinner tickets for non-members are seven shillings and sixpence each.

From various causes, we believe that our approaching meeting will be larger than any hitherto held. The number of homœopathic practitioners resident in London and the suburbs who will feel desirous of making the personal acquaintance of their brethren in the country, and who may be expected to avail themselves of this opportunity of doing so, is considerable. The attractions too for country members are large. London is at its fullest during the first week of June. The Annual Assembly of the British Homœopathic Society will take place on the Tuesday and Wednesday evenings immediately preceding the Congress. The opportunities for country members reaching London—always greater than they are to any other town in the kingdom—will, on this occasion, be more than usual, owing to Wednesday, the 3rd of June, being the "Derby Day," and excursion trains will be running from every quarter to the metropolis throughout the week.

We have, therefore, every reason to hope that we may have a large and influential gathering, one which we also trust will be rendered additionally interesting by the presence amongst us of several of our American and continental colleagues.

A circular containing full particulars of the papers to be read will be issued by the secretaries in the course of a few days. We may add that the secretaries are Dr. GIBBS BLAKE, 24, Bennett's Hill, Birmingham, and Mr. POPE, of Lee Road, London, S.E., from whom any information that may be required can be obtained.

HAHNEMANN PUBLISHING SOCIETY.

THE Annual Meeting of this Society will be held at the London Homœopathic Hospital, on Wednesday, the 3rd of June, at six o'clock in the evening. After which an adjournment will, if necessary, take place until ten o'clock on Thursday morning. We understand that the business to be brought before this meeting is considerable, and it is hoped that there will be a large attendance of members upon the occasion.

We cheerfully endorse the following remarks of the editor of the *Homœopathic Medical Directory*. Referring to the Hahnemann Publishing Society, he says :—

"Of the influence which this society is destined to exert upon the future of homœopathy in this country it is impossible to over-estimate the importance. We trust that each one of our readers, if he has not already done so, will join the society ; and

we would also suggest that, pending the completion of the therapeutic part, each subscriber should obtain, and become perfectly familiar with, the use of the repertory already issued by the society."—1874, p. 10.

The results of the operations of the Society since the last Congress will be laid before the members: from these it will be found that it is in a very prosperous condition, both financially and editorially; and that during the last eight months considerable progress has been made in really useful work. Amongst this may be noticed the publication of chap. xv. of the *British Repertory*—stools, rectum and anus; prepared by Dr. H. NANKIVELL; and the *Arrangement of the Symptoms of Belladonna*, for the *Materia Medica*, by Dr. R. HUGHES; both of which should be in daily use by every homœopathic practitioner. Also some progress has been made in the other work announced in last year's proceedings, viz., *Preface to the Materia Medica*, by Drs. DRYSDALE and R. HUGHES; Therapeutic Chapter, by several members; Supplement to Chapters I., II. and III., by Dr. DUDGEON; *Female Genitals, and The Back*, by Dr. STOKES; *Crotalus Horridus*, by Dr. HAYWARD; *Naja Tripudians*, by Dr. PYBURN; *Sulphur*, by Dr. COOPER; *Colocynth*, by Dr. CARFRAE; and *Natrum Muriaticum*, by Dr. GALLOWAY. Also, Dr. HAWKES and Dr. NICHOLSON have each promised to arrange the symptoms of a medicine; and Dr. BURNETT, *Phosphorus*, and to help in the "General" chapter.

LONDON HOMŒOPATHIC HOSPITAL BAZAAR.

At a recently-held meeting of the Committee appointed to make the arrangements for this Bazaar, it was resolved to extend the time allowed for receiving goods until the 20th of May.

We are glad to hear that the number of articles for sale arriving at the Hospital is rapidly increasing, and to know that the prizes in the Fine Arts Distribution are also being added to, by the presentation both of paintings and engravings. The display of these prizes upon the walls of the Board-room is most attractive, and well worthy of that inspection which the Board of Management is so anxious to obtain for them.

We trust that those who have been working for this Bazaar will kindly forward the results of their labour to the Hospital at as early a date as is convenient to them.

As has already been announced, the Bazaar will take place on the 11th, 12th, and 13th of June, at the Knightsbridge Barracks.

ALLOPATHIC PLAGIARISM.

THE following is an abstract (*Med. Press & Circular*, April 22) of a paper read by Dr. BRUNTON at the Medical Society of London, on the 30th March. At the termination of the discussion, Dr. Brunton said that his observations were made quite independently of others! His confidence in the ignorance of his audience of the writings of Hahnemann and of homœopathic physicians generally, must have been great, to allow of his hazarding such an assertion. Had Dr. Brunton not had such sources of inspiration open to him, we believe it to be very doubtful whether his "independent" observations would ever have been made at all!

"He showed that the only aconite that could be relied upon was the *Aconitum napellus*, which had been selected by Baron Antonius Storck as the true drug, 'eam a reliquis seperare quæ vera est.' Dr. Brunton said that aconite, as used in practice, had fallen into an undeserved oblivion, and he quoted from Dr. Garrod's *Materia Medica*, 'it (aconite) is at the present time not very often employed, or only by a very limited number of practitioners' (p. 163). After detailing the history of aconite and its preparations, he said that the best and least dangerous was the tincture of the British Pharmacopœia. He brought forward this paper as an expansion of one of Dr. Fothergill's corollaries from his paper recently read to the Society on the 'Depressants of the Circulation.' He (Dr. B.) showed briefly the action of aconite in poisonous and in medicinal doses, that it acted as a powerful depressant and sedative to the heart and circulation, and that when death occurs it is frequently as in hæmorrhage. He quoted Dr. Fleming, who stated that patients who had taken too large a dose, but recovered, felt as if dying from excessive loss of blood. Upon this power of the drug was founded the therapeutic value. When administered in medicinal doses, the general result was similar to blood-letting, but in a somewhat different way. Blood-letting weakens the force of the heart by diminishing pressure on the vessels, while aconite diminishes pressure on the vessels by weakening the force of the heart. The action of aconite was—1. To lower the heart's action; 2. To lower the lung's action; 3. To lower the temperature of the body; 4. To produce free transpiration; 5. To produce sleep; 6. To starve a too vascular area. In short, aconite was our best substitute for general and local blood-letting; that it was our best agent just in those cases where formerly the lancet or leeches would have been used. He also showed that the power which had been assigned to this drug by Storck (in 1761), and which had since been denied, was quite correct, i.e., its de-obstruent power, and in support he quoted a few of many cases

he had seen in practice, in which sole reliance was put on aconite for cure of enlarged glands, cervical, mammary, tonsillar, chronic hepatic enlargement, etc., and with complete satisfaction in result. He read notes of cases of acute disease where aconite was used, such as pulmonary congestion, catarrhal fever, pneumonia in its early stage, laryngitis, bronchial catarrh, acute nephritis, acute general eczema, and the like; he also detailed his observations on the temperature of the body during the action of aconite, and showed how rapidly and steadily it was lowered. Details were given of local inflammation, as orchitis and inflammation of the knee-joint, treated by aconite. Its use in the early stage of eruptive fevers was mentioned, and he found it cut short attacks of parotitis, and was decidedly most beneficial in acute ophthalmia. After detailing many illustrative cases, notes of which were taken during the past five years, and calling the Society's attention to the mode of administering aconite—viz., in small and often repeated doses, from one minim to a quarter of a minim every fifteen minutes for the first hour, or two hours, according as the circumstances of the case might demand, and one minim every hour after, the action of the drug thereby was kept up without producing poisonous symptoms. Of course, the aconite was to be omitted as soon as it had done its duty, and other suitable treatment adopted. He gave the following as his conclusions, after a very extensive use of the drug in private practice, extending over a period of fully five years:—1. The best preparation is the British tincture; 2. It is best administered in oft-repeated small doses—it is nearly tasteless; 3. Its use can be continued for weeks, as it is not cumulative; 4. It is our best antiphlogistic drug; 5. It is diaphoretic and diuretic, '*nec æger nec sudore debilitatus est*;' 6. If it does not remove the products of inflammation, when these are formed, by its control it prevents their formation, and so saves the tissue from further injury, and prevents tissue change; 7. It is most decidedly deobstruent; 8. It has the advantage that it does not leave that excessive weakness which follows ordinarily the diaphoresis produced by other drugs, such as antimony."

HOMŒOPATHY IN MELBOURNE.

A WELL-DIRECTED effort to secure homœopathic treatment for a portion of the patients admitted into the Melbourne Hospital has received a temporary check. We say a temporary check, and we say it advisedly. For we are well assured that if the promoters of the movement are, as we have reason to believe that they are, in earnest, they will obtain the fulfilment of their desires at no distant date, and in a more legitimate manner

than by the setting aside of certain wards for a special form of medicinal treatment.

During last year a memorial, signed by a large number of the most influential residents of Melbourne, was presented to the committee of the Hospital, asking for two wards to be set apart for the treatment of patients homœopathically. The memorial was supported by a considerable array of facts, showing that a larger percentage of sick persons recovered under homœopathic than under allopathic treatment; that the duration of illness was shorter under the former than the latter method; and that consequently homœopathy was more economical than allopathy, and that a larger number of sick could be treated with the same number of beds when the new system was in force than was possible under the old. The question was left over for consideration until the annual meeting of the subscribers. This took place on the 27th of January last. In their report the committee referred to the matter in the following terms :—

“During the year the committee received a numerously signed memorial, asking that a portion of the hospital might be set apart for the practice of homœopathy, which received their best attention; but, in considering the subject, it was at once evident, that as medical officers are elected by the contributors, the committee were powerless to dictate or offer an opinion as to the system of treatment which any practitioner may adopt, while on the other hand, should it be decided to increase the present staff of physicians, all duly qualified practitioners would claim to offer themselves as candidates, and the intention of the memorialists might not be secured. Under these circumstances the committee suggested that the matter should be left in abeyance until the expiry of the term of office of the present members of the staff, when a general election will be held, and greater facilities will be presented for the introduction of the proposed change in the medical administration of the hospital.”

The chairman, Sir James McCulloch, in moving the adoption of the report, said in allusion to the proposal that

“The committee, after careful deliberation, had come to the conclusion that it would be unwise to make any hasty change, and had recommended that the matter should be left to stand over until the election of the general staff in 1875. That would give full opportunity to the contributors to the institution to make up their minds, and they would then be able to express their opinions on the subject. The supporters of the homœopathic system could, at all events, wish for nothing more than for full discussion. It would be a pity to introduce into the institution anything which would interfere with its proper working. It was now in admirable working order, and even

the introduction of a ward for the practice of homœopathy might have the effect of injuring the general working of the hospital. He trusted that the contributors would at all events for the present agree with the recommendation of the committee, and would delay any action for a time."

A lengthy discussion on the subject was opened by Mr. T. J. Crouch, who moved, in accordance with notice, the following resolution—"That, in the opinion of the subscribers, the time has arrived when provision should be made in the Melbourne Hospital for the treatment of patients according to the system of medicine known as homœopathy, and that the committee be instructed to make such arrangements as are necessary for giving effect to this opinion."

The speaker supported his proposal by a series of facts illustrating the superior power of homœopathy in dealing with disease. Among others was the following:—

"Another reason," he said, "in favour of the system being tried here was, that the time of sickness was lessened by it, and that consequently patients were enabled to return to their work sooner. A gentleman, who had had much experience in friendly societies' lodges, told him an instance of this, in connection with an Oddfellows' lodge at St. Kilda. A few years ago the lodge had an homœopathic physician for its medical officer, and on comparing the three years under his treatment with the three years preceding under the ordinary medical treatment, it was found that the allowances to sick members, which formed a very fair test of the duration of sickness, was reduced under the homœopathic physician by 54 per cent. For every £100 paid under the ordinary treatment only £46 was paid under his treatment. Again, statistics had recently been published by the Homœopathic Mutual Life Insurance Company of New York, as their mortuary experience for more than four years, viz., from 18th July, 1868, to 31st December, 1872:—

Whole number of deaths out of 5,099 insured	...	56
Deaths from Accidents	6
Deaths from Disease	50
Homœopathic Risks	3,860
Non-homœopathic Risks	1,239
Deaths under Allopathic Treatment	25
Deaths under Homœopathic Treatment	25

Which showed that the allopathic death-rate was three times as large as the homœopathic, comparing numbers with numbers."

After showing the fallacies of some of the objections which had been raised to this proposal, he concluded, and his motion was seconded by Mr. HORDERN.

After some opposition from Mr. WEIGALL, Mr. O'Brien said that, although he had signed the memorial, he coincided with the recommendation of the committee, and would move, "That this subject be postponed, in accordance with the report of the committee, until the election of the medical staff in 1875."

Mr. Zox seconded the amendment. He regarded homœopathy as well worthy a trial, and trusted that the committee would not lose sight of the importance of the subject, and that the subscribers would also in the interval give the matter their serious consideration.

After a few remarks from Mr. BENT, deprecating the delay involved in the amendment, a vote was taken when the amendment was carried; 33, according to the report in the *Melbourne Argus*, and 23 in that of the *Melbourne Daily Telegraph*, voting in favour of it, and 18 in support of his original motion.

It now remains for those who desire that at least a proportion of the patients admitted into the Melbourne Hospital shall be treated homœopathically, to show their strength by electing next year as one of the medical officers a gentleman who is known to practise homœopathically. By the resolution set forth in their report the committee have pledged themselves to support such a medical officer, should he be elected. No doubt much opposition will be made by the other medical men elected to serve on the staff. That, however, cannot be helped. The medical staff of the Melbourne Hospital has long been notorious for its quarrels. The committee have therefore had experience of medical differences, and will consequently be well able to deal with them. We do not, however, apprehend much difficulty on this score. Let but the homœopathic practitioners of Melbourne agree among themselves as to which of their number shall be a candidate for an appointment at the hospital at the next election, and all canvass vigorously to secure his success, and we have no doubt of the result.

HOMŒOPATHY IN THE STATE OF NEW YORK.

In his address at the twenty-second annual session of the State Homœopathic Medical Society of New York, the President, Dr. E. D. JONES, of Albany, spoke as follows respecting the progress of homœopathy in the State of New York during 1873:—

"At the close of the year 1872 we numbered sixty-one distinct societies. The year 1873 has witnessed many additions. Queens and Seneca have organized county societies, thus making thirty-four local organizations, representing forty-four counties.

"A State Board of Medical Examiners has at last been appointed by the Regents. The fulfilment of the requirements

of the Act of 1872 by the Regents, places us in a prominent position, so far as medical education is concerned. The third section of this Act states that 'such examinations shall be in anatomy, materia medica, pathology, histology, clinical medicine, chemistry, surgery, midwifery, and in therapeutics, according to each system of practice represented by the several medical societies of this State.' Surely no examinations could be more liberal or more complete, and no diploma more honourable than the one gained by the successful candidate.

"Brooklyn has her maternity, comprising four district departments—the Lying-in-Hospital, a nursery, a child's hospital, and a school for training nurses. Each one of these departments, excepting the first, has been founded during the past year. The school for educating nurses will supply a want long felt by physicians and laymen alike. Each subdivision is in active working condition, and though the only institution of its kind in this country, I sincerely hope that it is only the precursor of many more.

"Albany, Buffalo, and Brooklyn have each established hospitals, all of which are in successful operation.

"That venerable institution, the Hahnemann Academy of Medicine of New York, has aroused from its lethargy, and promises well for the future.

"St. Luke's Hospital of Utica, formerly entirely under allopathic regime, now has a staff composed of nine allopathic and four homœopathic physicians; an instance of unexampled liberality on the part of the managers of any old school institution.

"Our Insane Asylum, the only similar institution in the world exclusively under homœopathic supervision, has made rapid progress during the past year. The main or administrative building is completed and ready for the reception of patients, of which a goodly number have been accepted; other buildings are in various stages of erection, so that we may confidently expect at an early day to have an institution at once unique in all its architectural appointments, and possessing every qualification necessary for this the 'crucial test' of homœopathic treatment. That our most sanguine hopes will be realised, none of you will question. We, as a society, owe it our cordial support and fostering care. Serial literature has received two new and worthy additions during the past year, the New York Journal of Homœopathy, and the Medical Union. Ten new monuments to homœopathic progress have been erected in our State. Surely last year has been one of unprecedented progress."

THE MEDICAL OFFICERS IN ASHANTEE.

THE following tribute to the ability and zeal displayed by our medical brethren in the Ashantee Expedition, written by the Special Correspondent of the *Times* (April 6th), is a welcome recognition of the exertions of a department of the Army and Navy too frequently treated with a studied indifference. Too often has it been forgotten, when it ought chiefly to have been remembered, that, as

HOMER sung long since,
A skilful leech is better far
Than half a hundred men of war.

"Sir G. Wolseley deserves much credit for the manner in which he supported the medical profession, and the personal attention he paid to hygiene. Deputy Surgeon-General Home organized the medical campaign, displaying fore-thought and wisdom almost amounting to genius. The arrangements he made were well carried out by his successor, Surgeon-Major Mackinnon, C.B. Surgeon-Major Waters, already well-known in connexion with sanitary improvements at Sierra Leone, joined the Expedition as Mackinnon's professional assistant. Both these distinguished officers went to the front on battle days and dressed wounds under fire. A young surgeon named Atkins deserves to be specially mentioned. Attached to Major Russell's Regiment, he remained always in the bush from the time of his arrival (in the Ambriz) till the end of the campaign, and was more often under fire than any other medical man. There were others who did honour to their noble profession."

THE MURCHISON ADDRESS AND TESTIMONIAL.

On Saturday, April 18th, Sir Thomas Watson, Bart., M.D., delivered an address to Dr. Murchison, in the presence of a number of ladies and gentlemen assembled at his (Dr. Murchison's) house for the purpose. The address—which was signed by about a hundred persons, among whom were the Baroness Burdett Coutts, Lord Alfred Paget, Sir Thomas Watson, Sir William Jenner, Colonel Stuart Knox, Sir Charles Nicholson, Mr. John Wood, Mr. Erichsen, Mr. Campbell De Morgan, Dr. Fayrer, and others—was in the following terms:

"To Charles Murchison, M.D., F.R.S., LL.D.—We the undersigned, late customers of the Dairy Reform Company, and others interested in public health and pure milk-supply, desire publicly to express to you our sense of the skill and perseverance with which you traced and established the cause of the late alarming and fatal epidemic of typhoid fever. We owe to you the vigorous proceedings which forced an inquiry and arrested the epidemic. We wish to express our sympathy with you for the serious illness of several of your family, and our indignation

at the manner in which you have been publicly attacked by the Manager and Secretary of the Dairy Reform Company."

In presenting it, Sir Thomas Watson introduced it by a speech of great eloquence and force, at the same time presenting a time-piece and a pair of candlesticks as mementos of the services rendered by Dr. Murchison to the subscribers in particular, as well as to the public at large. Dr. Murchison, in his reply, alluded very feelingly to the melancholy circumstance that Dr. John Murray and Dr. Fuller, who had been among the earliest promoters of the address, had both passed away; and that Mr. Christie, another warm friend, and the most active agent in this matter, was so seriously ill that he was unable to be present. Both Dr. Murchison and Sir Thomas Watson gave a number of instances in confirmation of the theory that the epidemic of typhoid fever had been caused by the milk supplied by the Dairy Company to the infected families. The timepiece had on it the following inscription:

"Presented to Charles Murchison, M.D., F.R.S., LL.D., on April 18th, 1874, in admiration of his sagacity in detecting, and his courage in exposing, the cause of the outbreak of Enteric Fever in the Western Districts of London in 1873.

After the ceremony of presentation, Lady Burdett Coutts personally thanked Dr. Murchison, and his friends came round him and cordially offered him their good wishes and congratulations.
—*Brit. Med. Journ.*

BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will take place on Thursday evening next the 7th instant, when a paper will be read by Dr. NANKIVELL, of Bournemouth, "*On Some Varieties of Hæmoptysis.*"

A paper is promised, in June, for the first meeting of the Society, by Dr. MACKECHNIE, entitled "*On a Form for taking Cases.*"

On Wednesday, 3rd June, an *Address* will be given by Dr. BAYES.

The Annual Assembly of the Society is fixed for Tuesday and Wednesday, the 2nd and 3rd of June, to meet the convenience of members wishing to attend the Congress on the 4th.

CORRESPONDENCE.

DIABETES.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—A gentleman, the head of a large establishment in this town, one of whose *employés* I was attending, asked me to look at his tongue, on which there were some growths. I found the *papillæ circumvallatæ* were much enlarged, and that

he had a considerable sense of heat in the fauces. The papillæ generally were perhaps larger than usual, but not markedly so. Remembering that I had noticed enlarged papillæ circumvallatæ in at least three cases of diabetes since I have been in Cardiff, I made enquiry about urine. He passed a good deal, he told me. I asked for a sample, and obtained some (*urina sanguinis*), specific gravity 1·038, and a good deal of sugar. I could not learn the quantity.

Taking the condition of the tongue as a guide, I gave tinct. *ari triphylli* 2, ter in die, and advised abstinence from stimulants and sugar.

On the third day the specific gravity had fallen to 1028, and on the fifth to 1021. There was sugar enough to "swear by," but no more. The quantity was reported as $3^{18}/_{16}$ pints in twenty-four hours, but this cannot be taken as certainly the true measure.

This day my patient went to Bristol and consulted an old friend, who examined his water, and felt it necessary to check his examination by that of another gentleman; they both found traces of sugar, but no more.

On my patient's return he reported his state to his wife, who pressed him to return to his former allopathic adviser, under whose care he now is.

I have named this case for the following reasons:—I have never seen any report of the enlargement of these papillæ circumvallatæ in diabetes. Perhaps some of your readers, who may have diabetics under their charge, would observe whether it is at all usually present; for if so, being a sign of a prominent character, it would be an important indication for further examination. Secondly, the marked reduction of specific gravity from 1·038 to 1·021 (on the fifth day), and the reduction of sugar to a trace only, together with a large diminution (so my patient reported) of the quantity of urine, renders it desirable to make a further trial of *arum triphyllum* in this very intractable disease. I chose the remedy entirely on the ground of the mouth symptoms, but I would call attention to Hale's remark (*New Remedies*, 3rd edition, page 44):—

"Sphere of action—mucous membrane of mouth, throat, bronchi, &c., and probably some profoundly injurious effect on the blood."

I am, yours, &c.,

WM. FREEMAN.

Cardiff, Feb. 18th, 1874.

QUALIFICATION FOR AN ASSISTANT.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—The appended advertisement from the *Lancet* of to-day may interest and amuse your readers. Shade of Wakley!

what do we hear? Is it then possible that a man may be "a gentleman of pleasing manners," and yet have a knowledge of homœopathy. Ah! what lurks hidden behind that word "unprejudiced"—pregnant word!—does it signify unencumbered with silly, old-fashioned scruples about honesty, manliness, and plain dealing?

Qualified Assistant Required, to Visit and
attend to the usual routine of a General Practice. A gentleman capable of working up a neglected Branch, with tact and pleasing manners, will meet with a comfortable home and gentlemanly treatment. Salary to commence, £70, with board and lodging, and liberal commission, capable of doubling his salary. He must be well up in the practical part, and a good Chloroformist. One of liberal views, and unprejudiced, with a knowledge of Hydropathy or (!) Homœopathy, preferred.—Address, &c.

Yours, Gentlemen,

EDWARD T. BLAKE, M.D., &c.

Reigate, April 25, 1874.

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. VAUGHAN-HUGHES, Dr. MORRISON, Dr. DEUBY, Dr. HAUGHTON, Dr. BERRIDGE, and Mr. TRUEMAN (London); Dr. SCOTT (Tunbridge Wells); Dr. SHARP (Rugby); Dr. MOORE (Liverpool); Dr. E. BLAKE (Reigate); Dr. HUGHES (Brighton); &c.

BOOKS AND PERIODICALS RECEIVED.

The Homœopathic Directory of Great Britain and Ireland, 1874. Turner & Co.

Annals of the British Homœopathic Society. Nos. XXXVII. and XXXVIII. March 1874. London: Turner & Co.

British Narcotism: Fifth Annual Report of the English Anti-Tobacco Society. Manchester.

The Chemist and Druggist, April 1874.

Fourth Annual Report and Rules of the Melbourne Homœopathic Dispensary, 1873.

The New England Gazette, April. Boston.

The American Observer, April. Detroit.

The American Observer. Complete Classified Index, 1864—1873. Detroit.

Bibliothèque Homœopathique, March. Paris.

Revue Homœopathique Belge, Brussels. April.

Allgemeine Hom. Zeitung, April. Leipsic.

Internationale Hom. Presse, Bd. IV. Hft. 4. Leipsic.

Rivista Omiopatica, March. Rome.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E., or to Dr. H. NANKIVELL, Penmellyn, Bournemouth. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE CONGRESS.

IN accordance with our annual custom, we devote an article to the subject of the BRITISH HOMŒOPATHIC CONGRESS, which has for the past four years been regularly held and admirably attended, and for which we may, without boasting, now claim the position of an "institution." Before the year 1870 Congresses in England had been held, and the practitioners of homœopathic medicine had been brought together on several occasions; but the attempt to give stability to these meetings by annual or biennial gatherings had completely failed. From the year 1857, when a Congress was held at Birmingham, to the year 1870, when a similar meeting took place in the same town, there had been no general reunion of British homœopathists; but the promoters of the late Birmingham meeting understood their age, they believed that the local societies had done the preparatory work well, and under the presidency of DRYSDALE, with the help of an excellent bill of fare, and a secretary who not only was born to greatness, but has since once and again achieved greatness, they not only deserved success but obtained it.

In the succeeding years, OXFORD, YORK, and LEAMINGTON were the willing hosts of our Congress, and the presidencies respectively of MADDEN, BLACK, and SHARP

gallantly upheld the traditions of Birmingham and of 1870.

In this year of grace 1874, by an overwhelming vote of the last Congress, held at Leamington, we seek a temporary home in the Metropolis, and we sincerely trust that the Fourth of June will witness the largest meeting of homœopathic practitioners that has ever yet occurred within the three seas. LONDON itself possesses nearly a hundred practitioners, two-thirds of whom we may confidently expect to attend. The country practitioners will find it as easy to visit town, as to throng the meetings at Oxford, York, or Leamington; and hitherto it has been the country party which has formed the backbone of the Congresses. We therefore hope that the London Congress will not number fewer than one hundred and fifty members, and that the Board-room at the London Homœopathic Hospital will be found too strait for them. Such a success as this will, however, only be obtained through a certain amount of individual sacrifice and effort. To be present oneself is the chief point for each member to aim at: this will do far more for the Congress than the best possible wishes or the most eloquent advice to one's neighbour. And therefore, while we at present indulge in lucubrate wishes and advice, we register our midnight intention to be present *in corpore vili*.

The Executive Committee of the Congress have not been remiss in providing for our intellectual appetites fare of a stimulating character. The PRESIDENT's address will be on the "Influence of Homœopathy on General Medicine since the Death of Hahnemann;" and we believe that all readers of Dr. Dudgeon's *Lectures on Homœopathy* will agree with us in expecting great things of this address. Its scope is sufficiently wide, and its subject-matter more than abundant; the events of the past five years in themselves would have formed an appropriate theme for that caustic pen whose effusions—if such a flowing term may be applied to what consists of common

sense and dry "wit" in about equal proportions—we have so often enjoyed in the pages of our medical quarterly.

Dr. DYCE BROWN has promised a paper on "Nitric Acid in certain forms of Cough," which doubtless, from his usually close and scientific treatment of the subjects he handles, will throw fresh light on the relative value of the acid in question, and also discriminate those thoracic diseases, and the conditions thereof which are most readily benefited thereby.

The paper on the "Action, Selection, and Administration of Drugs," by Dr. R. D. HALE, will consider a question which our late President has long made his own, and it will no doubt treat of it from another point of view. On the first two heads there can be amongst homœopaths but little radical difference; but the "administration" touches the dose and the dilution. We sincerely hope that some practical deductions may be made by Dr. HALE on this subject, from which plain men may be able to profit. At present, the law which has perhaps widest acceptance amongst us, viz., that the therapeutical dose is near but less than the physiological one, demands for its application the re-proving of three-fourths of our *Materia Medica*.

Dr. W. B. A. SCOTT follows with a paper on "Aloes," which will touch on its history, its differential pathogenesis, its *locale* and kind of action, and its use in disease. There is something definite about *aloes* that commends itself to us for a paper of this sort, and we are sure its discussion cannot fail to be of interest to members of Congress. We trust that Dr. Scott will be persuaded to continue his attentions to the drug in question, and finally to reintroduce it to his colleagues' notice under the shield of the Hahnemann Publishing Society.

Two further papers, one by Dr. EDWARD BLAKE, on "Malignant Growths," another by Dr. CAMARA, of Rio, on the "State of Homœopathy in the Brazils," are promised, and will we understand appear in the *Trans-*

actions. We however fully expect that the discussion on the virtues of "Aloes" will form the dessert of our Congress's intellectual *déjeuner*, and that unless a rather speedy retreat be then beaten in the direction of Waterloo Place, there will scarcely be sufficient nerve-power left to guide the digestion of the usual dinner with which it has been our time-honoured habit to close, much less to inflict or receive those post-prandial speeches which are the cause of such intense though fortunately short-lived misery to the unhappy individuals who are called to a share in the combat complimentary.

There is one faithful satellite to our annual gathering which we trust will put in its usually unfailing appearance in June. The Hahnemann Publishing Society, to which we have already referred, has always held a meeting on the Congress morning, and sent in a report during the day to the Congress itself. The commercial relations of this Society, up to the time of the Leamington Congress of 1873, were such as imperilled its future existence, and completely paralysed its present usefulness. At that meeting, however, reconciliation was effected between the Society and its agents, and during the past six months evidence of life has been given by the publication of Chapter XV of the *Cypher Repertory* (pp. 100), and of Part III of the *Hahnemann Materia Medica* (pp. 48), containing *Bel-ladonna*. Of the value of these issues this is not the time or place to speak, but they are evidence to the homœopathic world that their own publishing society is not asleep. We notice in the Society's prospectus that several works are now in a state of forwardness. We trust that as this is the case, and as there is now no prohibition in the way of pecuniary matters to their publication, that they may in rapid succession be got ready for the press. Yet in the very expression of this wish our heart misgives us: the list of potential work on the cover of the Society's last issue has been familiar to our eyes for at least three years; we may be sceptical over much, but we exceedingly doubt

whether any but Dr. Stokes' portion of the *Repertory* is within six months of being ready for the press. Let us hope that our annual meeting will give a hearty jog to work which we know is carried on only with self-sacrifice and difficulty; and that more workers will be now enlisted in the cause.

Of the three Committees into which the Publishing Society is soluble, the third—the “therapeutic”—is the only one that has not yet published anything. It has an energetic Convener, and consists of nine most excellent names; and we trust that it will this year pass out of the possible into the actual vigour of literary execution.

We shall fully expect that the dinner provided at the Pall Mall, Waterloo Place, will be the scene of a most pleasant reunion between the professional and non-professional friends of homœopathy. The connection between heart, stomach, and brain is of the most intimate and indubitable character. The anatomist's scalpel supports the popular biology in establishment thereof, and in opposition to the sentimental view of the case we deny that the feast of reason and the flow of soul can be respectively abundant or effusive so long as the stomach is unduly contracted, or while the pangs of so-called hunger are being transmitted to the sensorium. We will, therefore, wish to all our readers that they may possess at 6 p.m., on the fourth of this month: firstly, the consciousness of an intellectually well spent day; secondly, a pleasant meeting with old faces; and thirdly, a well served cuisine. With these three desiderata the Congress of 1874 will be pronounced a success in its contemplation, its execution, and in its finish.

MATERIA MEDICA AT GUY'S HOSPITAL.

IF there is one thing which more than another shows the utter worthlessness of the methods of prescribing drugs taught in our medical schools, it is the tone in which lecturers upon *Materia Medica* commonly introduce the

subject of their prelections to their students. Two years ago we drew attention to an Address by Dr. STURGES, the Lecturer on Materia Medica at the Westminster Hospital, in which the drugs, the action of which he was about to spend three months in explaining to a class of young men, candidates for orders in medicine, were described as of very secondary importance in the treatment of disease, as agents concerning which little of a positively serviceable character was known, as articles given to individuals "ignorant enough to accept treatment of no other kind." The same rôle has recently been repeated at Guy's Hospital by Dr. MOXON,* a gentleman who is favourably known as a pathologist, and so far as we have been able to ascertain, as nothing more than a pathologist. By what ill luck he has been chosen to teach students how to cure disease, we are at a loss to divine. But so it is. The natural outcome of such a selection is an address, every line of which breathes a spirit of supreme contempt for the idea that drug-remedies can or do exert any direct action of a curative kind at all; and not that only, but one of well-marked disgust for all who have endeavoured so to study the facts of drug therapeutics, as to evolve therefrom some principles which may serve to guide us in our choice of these remedies. Nursing is the "be all," and, but for form's sake, the "end all" of Dr. Moxon's therapeutics. The successful physician is he who throws "the nursing into fit arrangement," and can "touch the lights up with a well-devised mixture." "Your science," he adds, "gives you a little dark stuff to deepen the shadows: do not put in too much." Presently the Guy's men are thus addressed:—

"Now if by therapeutics you mean the composing of potions and pills, why I think that is rather a poor, mean sort of thing. No doubt the amount of good you do is often very questionable; so much so, that the science of potions and pills is not a very attractive science. But we must learn to regard the drug medicine as no more than one branch of therapeutics; sometimes the fruitful, the necessary branch; often very small in its relative importance in the proper system of managing the patient. . . . You will find that the drugs that a good doctor

* *Introductory Lecture to the Course on Materia Medica and Therapeutics*, by W. Moxon, M.D., F.R.C.P., Physician to Guy's Hospital, &c.—*British Medical Journal*, May 16, 1874.

gives are often only as it were signs and symbols in the plan he is carrying out for the patient's benefit—symbols vitally important in the practical world. Without the doses three times a day the service would not go on. They unite the attention and work of doctor, patient, nurse, and friends in a periodic series of efforts, something not unlike those little yells a group of sailors make in time, when they are hauling hard on a cable, without which it appears the cable would never come along, though there is no apparent force in the noises they make. Only here the patient has the dosing to himself, but then it is for his benefit; that potion every three or four times is like a set of stepping stones for his faith in the weary time." Again, "Although no one can tell how much drugs may do in their mysterious line, any one can see the good effect of good advice, with the aid of drugs. It is an ultimate fact in human nature, that if you do not give drugs, you will not be trusted to give the other advice. . . . If you try to get on without giving physic, you will be like those misguided thinkers on religious matters, who hope to spread religion without a creed. It is very sublime, and suits your inside nature so well that you try it on your friends, but it does not suit them."

Surely all this is not very encouraging to a man intending to devote some hours daily to finding out all that is known respecting the influence of drugs upon the progress of disease. The prescribing of drugs, according to Dr. Moxon's notion, is but to gratify the superstitions of medically uneducated persons. Surely for such a purpose one mixture would suffice, or at any rate one, the colours of which were judiciously altered from time to time, would serve the end of a prescription, the aim of which was solely to afford occupation to a sick man, to act as "stepping stones to his faith in the weary time." Where is the use of studying Garrod's *Essentials of Materia Medica*, if a *ptisan* is all the physician requires in the shape of physic?

Dr. Moxon thus deliberately sets forth the art of drug prescribing as a sham, as a necessary sham, necessary in consequence of popular ignorance of physiology and pathology!

It would be impossible for a lecturer on *Materia Medica*, who places so low an estimate on the department of medicine he is entrusted to teach, as does Dr. Moxon, to introduce his subject, without at the same time misrepresenting homœopathy. If the ordinary modes of prescribing drugs are so comparatively inoperative as direct agencies of cure, as this teacher avers that they are,

the student is not unlikely to turn to other guides, who stand prepared to point to him a means whereby he may render them capable of affording him direct aid in removing disease. Of all men the homœopathist is the one who most persistently asserts that drugs can be so employed. He tells clearly and fully how such a result may be derived from them. He points to the traditions of medicine in support of his argument. He directs attention to his own experience, and to that of thousands of physicians in all parts of the world during the last seventy years, to show that acting upon the principles he enforces, disease is capable of being cured by drugs. And finally he enumerates the number, the rapidly increasing number of instances in which the self-satisfied empirics among physicians who sneer at him, are imitating his selection of remedies, and vaunting their successes in the use of them, declaring them to be the fruits of their own skill and ingenuity. When students have access to such a teacher as this, it behoves one who would fain keep them groping in the darkness in which he prides himself on living, to endeavour to persuade them that homœopathy is a "disreputable blot upon modern medicine." That it is "pretentious and vain;" that it is "regarded by honest physicians with proper contempt." By "honest physicians" we presume Dr. Moxon to mean those who prescribe a suitably coloured mixture, not with the idea of rectifying any morbid state, but simply to call the patient's attention to himself "three times a day," and to foster the idea that he is doing himself some special good by gulping down the repulsive concoction!

In order to add force to his ethical objection to homœopathy, (for there may by chance be some who find it difficult to believe that homœopathically practising physicians are as dishonest as Dr. Moxon suggests that they are,) he proceeds to denounce it on the ground that the aphorism in which its principle is enshrined is weak and delusive. Dr. Moxon asserts in support of his argument that if two things are *like* one another, they must necessarily be *identical* with each other. "Likeness," he says, "is identity, so far as the word *like* has any force." A person who is suffering from some form of scarlatina presents the same appearance, has the same organs involved in inflammatory action as one who has swallowed a quantity of *belladonna*. Is their condition therefore

identical? It is assuredly similar, and equally certain is it, that it is not the same. So too with cholera and arsenical poisoning, the two conditions are so alike in their external manifestations, in the tissues attacked, and in the kind of action proceeding in them, that correct diagnosis has ere now been admitted to be difficult. Are then the conditions of a cholera patient and of one poisoned by *arsenic* identical? Are they one and the same? It is very easy to raise a cloud of dust about the meaning of the word "like;" it may not be difficult so to misrepresent its obvious meaning as to make it appear an impracticable word to work with, but as the tree is known by its fruits, so too is the practicability of the principle of similars to be estimated by the results that have followed from working with it. That *aconite* would quell inflammatory fever, that *ippecacuanha* would stay vomiting in some instances, that *arsenic* would allay irritation of the stomach in certain cases, that *phosphorus* can cure neuralgia of some sorts, would in all probability never have been known to this hour, had not the principle of similars directed our attention to the use of these remedies in such cases. Dr. Moxon may use what ability he has to obscure this important principle, to prevent his pupils availing themselves of it, but the drugs he can point out to them as directly curative of diseases are such and such only, as will, in healthy persons, excite conditions marvelously like those very diseases.

Facilis descensus Averni, and from trying to darken the central principle of homœopathy, Dr. Moxon proceeds to make a statement which, if he knows anything at all of the history of medicine in the latter years of the last century and the beginning of the present, he must be aware is utterly false. Says he, "A notorious person named Hahnemann, taking advantage of the fact that doctors who proceed according to common sense, do not save everybody from dying, rose against common sense, and said like cures like—*similia similibus curantur*."

Such is Dr. Moxon's version of the history of homœopathy. It has at least one advantage; it is a novelty. Of all the many untrue and slanderous statements respecting homœopathy that we have met with during the last quarter of a century, and considering how carefully we have perused the *Lancet* during that time, they have not been few, we never heard before that Hahnemann hit

upon the dogma of *Similia*, because "doctors who proceed according to common sense do not save everybody from dying!" Yes it is something new, but nevertheless contains no more of truth than the thousand and one falsehood-poisoned shafts that have already been hurled at homœopathy. We pass by as beneath contempt the designation with which this instructor in the art of preparing "stepping-stones to faith in the weary time," thinks fit to define Hahnemann. But we cannot help remarking that if nursing and dieting with a "stepping-stone to faith in the weary time," in the shape of a potion every three or four hours, represents common sense in a doctor, there were few if any doctors who, in Hahnemann's middle age, proceeded according to common sense! Then it was that bleeding, blistering, purging, mercurialisation, and violent measures many and various were in full force. Then it was that the sick man was plied with physic inside and outside, by day and by night! It was Hahnemann who saw not only the uselessness, but the danger of such proceeding. It was Hahnemann who convinced that drugs had a power to assist in curing disease, if rightly used, endeavoured by laborious research and painful experiment to discover how they might be thus rightly used. It was Hahnemann who, in the old Hippocratic maxim of *similia similibus curantur*, discovered the principle which would lead to their serviceable employment, not as shams, not as "stepping-stones to faith in the weary time," but as modifiers of physiological action, as instruments capable of diverting the course of disease in the direction of health. Hence he has become in the choice phraseology of Dr. Moxon "notorious." And it would not greatly surprise us if his notoriety should in years to come be found to have in it a degree of vitality well calculated to excite the envy of some of those who fancy themselves to be talking grandly when they are but displaying their ignorance, by giving utterance to their contempt of one whose learning, genius, and energy they can in no way approach.

He concludes his attack upon homœopathy by stating that he may "dismiss homœopathy from consideration, especially as the practice of its professors really no longer differs from that of doctors who do not adopt its absurdities." This is just one of those cool assertions, by no means uncommon now-a-days, which serve to show the

progress that homœopathy is making. It is not that homœopathic physicians are returning to the gallipots of the surgery, are reverting to the lancet, or resorting once more to the actual cautery, but that those who have never wearied, as Dr. Moxon does not weary, of defaming us as dishonest or denouncing our principles as weak and delusive, are finding out that the only way in which a correct knowledge of drug action may be learned is by studying the effects of drugs upon healthy persons, as Hahnemann taught us how to do; that the shortest road to discover a useful remedy for a troublesome disease is to search the writings of homœopathic physicians for it; that the best mode of administering medicine is to give it simply and uncombined, and in small frequently repeated "restorative" doses, as homœopathists have done for three-quarters of a century. Verily, if the repudiators of homœopathy follow us so closely, so diligently imitate our practice, albeit, in the meantime, after a somewhat clumsy fashion, the treatment of disease, as pursued openly and honestly by homœopathists will ere long differ in no very marked or striking degree from that of doctors who pretend that the principles which have dictated that treatment are "absurdities." The difference will be of a moral not of a scientific character. Our opponents will treat disease just as we do, and constantly deny that they do anything of the kind. We, on the other hand, will be able not only to practise but to teach. Thus will it come to pass, thus, indeed, has it already come to pass to a very notable degree, that the treatment of disease by men who acknowledge the truth of homœopathy, and by the advanced skirmishers of the main body of those who pretend that it is not true differs much less than is generally supposed. This silent adoption of homœopathy is described as "rational empiricism" by those who advocate it. Dr. Moxon, in the concluding paragraph of his lecture, tells his hearers that what is wanted "in the practice of medicine, is a close and well trained observation of the descriptive nature of the kinds of diseases, and of the effects of drugs on them." How these effects are to be ascertained is not stated; "chance" experiments on patients, and tradition are the chief sources whence non-homœopathists have derived their knowledge of the effects of drugs on diseases. The sum total of knowledge of this kind worth the having is, Dr. Moxon tells us, that quinine

cures ague, iodide of potassium tertiary syphilis, and tarry preparations scaly eruptions. Truly does he define this result as "mean in the scale of mental performances." However, little as tradition and a happy-go-lucky method of prescribing have done for the art of medicinal treatment, Dr. Moxon has still no hesitation in warning his pupils against "reasonings in medical therapeutics!"

He begs them to be guided in prescribing by ascertaining in reference to some form of disease, "what is good for this?" Ask any dozen physicians in London what medicine is good for bronchitis, and we will venture to say you will have a dozen different drugs named forthwith. Accuracy, much less certainty cannot be evolved out of mere empiricism unless the facts are linked together by some natural principle. Abercrombie* shows clearly enough how impossible it is to base the selection of remedies upon that kind of experience which Dr. Moxon and his colleague Dr. Wilks have endeavoured to establish as the sole foundation for drug therapeutics. Writes Dr. Abercrombie:—

"When in the practice of medicine we apply to new cases the knowledge acquired from others which we believe to have been of the same nature, the difficulties are so great that it is doubtful whether in any case we can properly be said to act upon experience as we do in other departments of science, for we have not the means of determining with certainty that the condition of the disease, the habit of the patient, and all the circumstances which enter into the character of the affection are in any two cases precisely the same, and if they differ in any one particular we cannot be said to act from experience, but only from analogy. The difficulties and sources of uncertainty which meet us at every stage of such investigations are in fact so great and so numerous that those who have had the most extensive opportunities of observation, will be the first to acknowledge that our pretended experience must in general sink into analogy, and even our analogy too often into conjecture."

Thus mere clinical experiments in the use of drugs can never serve to help us in prescribing for special cases. Their value consists in affording materials out of which principles may be evolved calculated to direct us in our selection of drug-remedies. The largest body of facts of this kind ever collected points us to the principle of *similars* as

* *Intellectual Powers*, p. 395.

that upon which drugs may be most satisfactorily chosen. The experience of a very considerable proportion of physicians in all parts of the world has confirmed the validity of this principle. The only opposition hitherto extended to it, with we believe two exceptions only, has proceeded from those who have refused to examine the facts alleged in its support, or to apply to it the only test of which it is susceptible, viz.—the clinical test. So long as this is the course pursued, it is vain to look for any real advance in therapeutics from the supporters of empirical medicine.

Meanwhile the duty of those whose experience has assured them of the truth of homœopathy, is clear. The future of drug-therapeutics depends upon our exertions in carefully and thoroughly investigating the actions and uses of every remedy of value, and in as carefully and thoroughly sifting and re-sifting the evidence supporting the indications for prescribing medicines now at our disposal.

ELOCUTION CONSIDERED AS ONE OF THE FINE ARTS.

By E. B. SHULDHAM, M.D. (Oxon.), M.D. (T.C.D.)

IN England we labour under the common error that if our matter is but good, the manner of imparting this is of very secondary importance. The following anecdote, from a very trustworthy source, must at once convince those who cherish this doctrine of its futility. An English clergyman of good mental abilities was doing duty in a favourite watering-place on the continent during the season. He was well educated, well born, and correctly orthodox, and neither his whiskers nor his waistcoat were a stone of stumbling or a rock of offence to any of the weaker brethren. His sermons contained good solid English material, but were delivered in that formal, apathetic style so often characteristic of our English clergy; as if the sole duty of the minister lay in reading so much set orthodoxy at certain set places, and within a certain set time, totally indifferent as to the effect it should produce on his hearers. Well, this excellent and well-read man was listened to with attention if not with interest, until one day he was hastily summoned away to a sick relative; in hot haste, too, was a substitute looked for to

fill his place. A substitute was found, but one who was unprepared with a sermon. This difficulty, however, was surmounted by the discovery of a batch of some half-dozen sermons, written by the clergyman who was summoned away. A choice was made, and a sermon *written* by Pastor No. 1 was *delivered* by Pastor No. 2. The effect was magical. The congregation were roused, delighted, enthusiastic. What a fine sermon! Why did we not secure Pastor No. 2 before? How vastly superior to Pastor No. 1! The secret of this success was simply due to a good delivery—in fact, to the study of elocution.

Elocution! What does this term include? It includes the clear pronunciation of each word, the rightly-chosen inflection of the voice for both words and sentences, the absence of every affectation, provincialism, or inelegance of speech, and the accompaniment of both fitting gesture of hand and suitable expression of feature. Elocution therefore includes a great matter: it implies, first and foremost, that the reader or speaker is well educated; and that, secondly, that he is intelligent; and that, thirdly, he is free from affectation; and that, fourthly, he is gifted with enthusiasm; and that, fifthly, he has so far trained his voice, that it answers the fulfilment of his ideas. Would he be impressive, the voice assumes an impressive tone; would he arouse his hearers, the voice becomes impassioned with that impassioned language; would he touch the hearts of his audience, the voice becomes tender and quivering with emotion. This same training of the voice requires days, months and years of care and persevering attention, just as the mind itself requires a lifetime to be brought to maturity; when both mind and voice have received this life-long education, we arrive at results that are as rare as they are admirable.

If speech is silver, why should not the harmony of speech be golden rather than the emptiness of silence?

The English language has been often blamed for its lack of musical beauty, whereas the fault lies rather with speakers of this language. The language itself being composed of so many varied elements, is capable of great variety of sound, where the ruggedness and strength of the Teutonic element is finely balanced by the liquid purity of the Southern accent. It is the English themselves who barbarize the sound of their own tongue. What is this due to? Partly, we think, to the damp

uncertain character of the English climate, which renders the inhabitants so liable to chest and throat affections, thereby deteriorating the quality of a fine voice. Partly to our phlegmatic disposition, which leads us too often to converse in monotone, instead of changing the key in which we speak, and of using the various inflections of the voice, which not only give beauty and emphasis to speech, but also serve to lighten the task of speaking and improve the tone of the speaker's voice. Partly, again, are our elocutionary defects due to the injudicious or insufficient training of the voice in youth and early manhood.

For the climate, we must let that stand in its present damp, cold, rheumatic, bronchitic condition; for the phlegmatic temperament we fear that the only prescription would be change of climate, and for this to be carried out on a large scale we must annex Italy; but for the early defects of training we have a remedy, and this is a careful study of elocution, with the teaching of its principles in every school and college throughout the land, the speaking and reading voice being, therefore, as assiduously cultivated as the singing voice. Indeed, whilst the principles of elocution might be taught in a separate class, the practice of it should extend to every lecture either devoted to the study of the dead languages or the living, the very "repetition" which begins a morning's work at all large schools, should be clearly and distinctly delivered, instead of being gabbled and whirled through. Rapidity of execution, rather than distinct articulation, being the end and aim of both scholar and tutor, this very whirlwind and tempest of delivery in the matter of a dead language, is the fruitful cause of confusion and indistinctness when a living tongue is spoken. The cure of this evil lies with the masters rather than with the pupils; if the master thinks that express speed is the one virtue of delivery, it is but reasonable that the pupil should be of the same mind, and it is also but reasonable that collisions should occur from the line not being always clear. Let me give an instance of the repetition express. *Arma-virumque-cano-Trojæ-qui-primus-ab-oris.*———— There you see that's an unfortunate halt. "Good gracious, what's the matter guard?" "Why, the down train express, Virgil's *Æneid*, has run into the up mail train, Horace's *Odes*, and the line is blocked for some minutes." "However did it happen?"

“Why, you see, Sir, Virgil’s *Æneid* was running rather smartly on the line, but the engine driver did not notice the signals, and so ran right into Horace’s *Odes* up mail train, due at 11.15.” The signals in this case were nothing more or less than the stops; if a reader or speaker will persistently defy these signals, we must infallibly have a collision, there’s no help for it.

Boys at school are allowed to run on with their repetition as if the piece to be repeated were one huge sentence devoid of comma, colon, semicolon, and only ending when the pupils’ breath and memory was exhausted in one full stop. Is it then marvellous if our boys at school read and speak in this unintelligible, pointless fashion, that our men should become indifferent speakers and unenlightened readers? “The child is father of the man;” if the child gabbles in his speech, surely the man will gabble also, only with this difference, that what is pardonable in the child becomes culpable in the man. I speak advisedly. Surely then if our matter is good, is it not worth while to pay some attention to the manner? Is it not advisable, nay, actually imperative on us to give our sons and daughters the advantages of a complete education? And how can we consider their education complete when they have not learnt actually to read or speak their own language with correctness, much less with grace? This is a crying evil, and the sooner it is remedied the better it will be for us all as a nation, both from an intellectual and a physical point of view, for while the study of elocution will serve to train the mind to habits of thought and observation, the mere vocal exercise alone will strengthen the organs of speech and respiration. Where are diseases of the throat and chest so frequently met with and so fatal as in England? and where is the study of the speaking voice so much neglected as in England? where ought this study to be so widely cultivated as in England, both for intellectual and physical reasons? What country can boast of a richer literature than our own, either in poetry or in prose? What dramatist of Italy, Germany, France or Spain is known so well and gloried in so much as our Shakespeare? and yet whose plays take such rare possession of the stage as those of our Shakespeare? Certainly both actor and reader who would render Shakespeare’s splendid conceptions with power, or even with judgment, must have attained to a

high state of elocutionary excellence; but yet the Germans have attained it, and it was a German who wrote the finest criticism on Hamlet that ever has appeared—no less a personage than Goethe himself. When a play of Shakespeare's is placed upon the German stage, neither actor nor audience look to the merely sensual effect produced by gorgeous spectacles, or artistically managed properties of scenic painting, but they rather look for the success of their piece to the intelligent rendering of their author by word or gesture, in fact to perfect elocution carried one step further and advanced to finished acting. Would it were generally so in England!

Let us not then blame our literature for its poverty of material, nor language for its harshness of sound; if the Germans think their own tongue worth studying for the proper delivery of its sound, surely we may with justice consider that our own English is deserving of the same study, for there is less flexibility and less variety in German when spoken than in English when spoken, the gutturals are more frequently met with in German than English, and the Latin vowel element does not predominate so largely. We have, therefore, reason to be proud of the musical character of many of our words, and sentences are but words harmoniously arranged. So that let us but string together melodious words, our speech must of necessity be a melody, and if a melody, worthy to be studied and to rank as one of the fine arts together with painting and music.

If we are to consider Elocution as a fine art, it will be well to note the various means of attaining to the excellence of a fine art. We are apt to look upon pictures and poems as simply the result of a few hours of happy inspiration, quite forgetting that both artist and poet have worked patiently and well for years with pen and brush, before the latent inspiration became tangible thought in the shape of a Tennyson Idyll or a Turner landscape. If, then, painting and poetry demand great efforts to bring about great results, we must not imagine that the art of speaking golden words is to be acquired without thought or without practice. It has taken the child years to produce even faintly articulate sounds, it must take the man years to make those sounds harmonious; though at the same time nature has been more bounteous a giver to some than others. She grants a singing voice to about one in a

hundred—she doles out with the most niggardly hand such gifts as a Patti soprano or a Giuglini tenor; but rare as are these gifts of singing voice, yet the speaking voice, with careful tuition, is capable of attaining great range and power, and as singing is only a musical form of speech, so one of the best means of improving the speaking voice will be to train it with musical exercises. Let the candidate for elocutionary honours only imagine that he is a member of the Royal Academy of Music, that he is gifted with a fine tenor or barytone, and that consequently he has many scales to sing, many *solfeggios* to practice, before he can dare to aspire to or hope for the grateful plaudits of the Albert Hall or Covent Garden. If the voice is naturally fine, these exercises will improve its quality greatly, and if it is only a good honest workday voice, they will strengthen its weakness and mellow its hardness, and where formerly it was listened to with toleration in its untutored condition, it will now be accepted with positive favour. Let all then who are possessed of voices good, bad and indifferent, take courage, but with modesty, as large natural gift requires as jealous cultivation as small endowments.

To improve the speaking voice no method is so good as to practise the musical scales, for these exercises will give roundness and flexibility to the voice itself, and also, which is most essential to fine dramatic reading, train the ear to the perception of fine shades of sound, the half-notes that are so artistic in noble passages by the great masters, as the half-lights in a picture by Turner, that lead you subtly and daintily to the full glow of sunlight or the deep darkness of night. Let the reader, therefore, practise the singing scale daily for half-an-hour, beginning by uttering the vowel sounds O and A, the Italian A, or our A as pronounced in father; let him begin on the lower C of the treble stave, and practise the voice to the extent of one octave, taking the O sound, and beginning with the softest possible tone, avoiding first of all great efforts in swelling the voice to the extent of its power, and secondly, too sustained a sound. For power will come with practice, and the art of taking breath is only to be acquired after months of careful study. Moreover this very ambition of being strong voiced leads sometimes to disastrous results, injuring the quality of its tone, and making it harsh and reedy. Then, having sufficiently

practised the vowel sound O, let the reader take vowel A, and begin on the lower F of the treble stave and descend an octave, quietly and cautiously, step by step, he will soon discover the length of his tether or register. These lower notes will give the round mellow voice consulting physicians and eminent divines are so desirous of acquiring, and, I may add, heavy tragedians playing in "Hamlet" or "The Stranger." Dr. Parker Pepps, in "Dombey and Son," was possessed of such a voice, mellifluous and, also, "muffled, like the knocker, for the occasion."

When the reader feels that he has fairly mastered these vowel sounds, let him take in hand the old fashioned Do, Re, Mi, Fa, scale, as this will teach him the art of using the consonants and articulating clearly his words.

After each musical exercise let him take a piece of poetry or prose and read it aloud, he will then find how valuable the diatonic scale has been to him in giving mellowness and flexibility to his voice, and lending delicacy of perception to his ear.

Again too, let the reader take a prose passage, deliver it in his ordinary speaking voice, by the aid of the piano, and discover the pitch of his voice, and also note whether there is a tendency of the voice to rise and fall, or whether it is kept to almost a monotone; if the latter lamentable defect is discovered, the sooner he sets to work to remedy this the better for himself and his future audience. There is no music in one note or two notes, but there is infinite music in the happy arrangements of and interchange of many notes; so let his voice have as many notes or tunes in it as he can find artistic room for, and he will then be attaining to the glorious but rare perfection of a fine reader, and elocution will become in his guardianship as one of the fine arts.

Maidstone, April 1874.

ON HÆMORRHAGE.

By J. HARMAR SMITH, Esq.

(Continued from page 283.)

SINCE the preceding pages were written I have stumbled on Dr. Hamilton's treatise *On Purgative Medicines*, a work which is responsible for much of the tendency to torture the bowels of the patient, in all diseases, whether acute or chronic, which characterized the practice of

the first half of the nineteenth century; though now happily to a great extent superseded by the same potent influence that has displaced the lancet. I was myself, for example, the pupil of a surgeon in extensive private practice, so that when we were busy we dispensed at times sixty or seventy mixtures per diem, besides pills, blisters, &c. There were nine large bottles and infusion jars kept constantly filled, the four first of which contained large quantities of Epsom salts in a disguised form, the next the compound decoction of aloes, (minus the tincture of cardomoms), three jars of bitter infusions (gentian and calumba and rhubarb), and finally a large bottle of saline mixture—the most harmless of the lot, given as a placebo. The aperient mixtures were, however, given by far the most frequently. From this miserable system, falsely called heroic, tens of thousands of persons who have never heard of homœopathy except as a bye-word, owe their deliverance to the despised and maligned Hahnemann.

To return, however, to Dr. Hamilton. In the work I have referred to, I find the details of four cases of vomiting of blood, said to have been cured by purgative medicines, aloes, jalap, sulphate of magnesia, senna and rhubarb being the principle. These patients were treated in the Edinburgh Infirmary, but were so short a time under observation, that the cases are of little or no value as evidence in favour of the use of purgatives in hæmatemesis.

As however they are evidently deemed satisfactory by the Doctor, and seem to be a fair sample of most of the cases in his book, we find on how narrow a basis his conclusions rest as to the value of cathartics in the treatment of disease.

In the first of the four cases of hæmatemesis, the patient had vomited blood for several months, and had bad dyspeptic and other symptoms for one-and-half years, but was discharged cured in eight days after admission.

In the second case the patient had vomited blood for three years and was “dismissed cured” in five days! Surely there is nothing in amateur homœopathy that surpasses this.

The third patient had only been fourteen days ill: she was “cured” in eight days. During the first half of the time however, she only took a placebo, and yet had no return of the complaint.

In the fourth case the symptoms had only supervened

on the day previous to admission. The vomiting of blood however, continued for a week longer, and in another week the patient was "dismissed cured."*

Now in not one of these cases was there any proof that the patient was cured. In those of long standing a mere fragment of their history was given, and it was as absurd to pronounce upon them from this transient view, as it would be to pretend to describe the character of a country from the glimpse obtained of it through the windows of an express train. In three of the cases temporary relief may have been afforded, on the principle of derivation, but in the other case the relief came before the medicine was given. In any of the four cases the patient may have been as bad as ever on the day after her discharge (they were all females) and yet this is a fair specimen of the style of the book by which a new era in British therapeutics was inaugurated.

Before leaving the subject of hæmatemesis, I refer to one or two other homœopathic writers in addition to those noticed above. Dr. Rückert refers to six cases published in German periodicals. The history of each, however, is very meagre.

The first case he refers to is that of a young man whose illness commenced by dyspepsia, probably connected with congested liver. Then hæmatemesis for four days accompanied by melæna. The first symptoms were relieved by *aconite* 30, and then *nux* 30, had a very beneficial effect. A relapse brought on by overloading the stomach was relieved by *pulsatilla*.

In the next case *arsenicum* 30 relieved the vomiting of a black-brown, tar-like liquid, which occurred five, six, or even twelve times a-day, accompanied by obstinate constipation. There was also intermittent fever. The age, sex, and the duration of the disease are not stated.

In the third case *hyos.* 3, gave very rapid relief. This was clearly a case of vicarious hæmorrhage, with hepatic congestion, hysterical convulsions, and constipation. The amenorrhœa had continued for eight weeks.

The next case was characterized by dyspepsia and constipation, accompanied by colic. Treated by *ippecac.* and afterwards *pulsatilla*.

There is, however, no age, nor sex, nor previous history

* Hamilton *On Purgative Medicines*, pp. 92 to 100.

given, nor even the duration of the case under treatment, nor is its result stated.

In the fifth case *ipêcac.* relieved the hæmatemesis, and *drosera* the subsequent hæmoptysis.

The symptoms were due to cold and vexation, there were "several attacks of vomiting of blood daily, generally after exercise." "*Pale, clay coloured countenance, blue borders around the eyes, violent oppression in the pit of the stomach; nausea; constipation.*" The symptoms I have italicised point to hepatic congestion. No account is given of the duration, or symptoms of the case prior to the commencement of the treatment, nor even of the length of time it was under treatment.

In the last case there was fulness and pressure in the region of the stomach for several days prior to the commencement of treatment. *Nux vom.* 30 relieved these symptoms. Afterwards, "violent vomiting of a large quantity of black coagulated blood," which was quickly removed by *veratrum* 12.*

In Dr. E. M. Hale's valuable work on the new American remedies, there are frequent references to examples of other forms of hæmorrhage, but very few to hæmatemesis. Under *hamamelis* we have as follows. "Dr. Burnett, in *American Homœopathic Review* reports:—"A Lady who had been expected to die for several days from hæmatemesis. I had none of the *hamamelis* by me, and ordered a decoction of the bark—a teaspoonful every three hours. It cured the patient immediately.† On the following page of the same work there is an interesting and well drawn up case, reported by Dr. Belcher of New York. The patient was a robust Irish porter, aged about 30. He had had abdominal pains and fulness for about three days. and was feverish. On the morning of the fourth day he had gastric and intestinal hæmorrhage, for which he took *aconite* and *nux vomica* and then *ipêcac.* and *merc. sol.* On the following morning the hæmorrhage continued, and was accompanied with faintness, coldness, profuse sweating, restlessness, and a weak rapid pulse. Dr. B. adds that now "I gave *hamamelis*, two drops of the tincture dissolved in half a tumbler of water, of which a dessert spoonful was given every fifteen or twenty

* Ruckert's *Therapeutics*: translated by Hempel, pp. 111 to 113.

† Hale's *New Remedies*, page 225.

minutes, until improvement took place. This was very apparent when I called two hours afterwards; a reaction was moderately but firmly established, and the patient felt better. He had vomited once only, and but a small quantity of blood, and the melæna from this time diminished, so that it disappeared nearly, if not entirely in two or three days. I substituted *china* and *merc.* for the *hamamelis* in about twenty-four hours after improvement had begun, and continued them, on account of the apparent hepatic congestion, to convalescence."*

In the same work there is a case by Dr. Cushing, of Lynn, in which the patient began to spit blood two days after an injury on the epigastrium."† After the hæmorrhage had continued twenty-four hours, *eryngium aquaticum* was given, with great relief.

Those to which I have referred are the only cases of hæmatemesis which I find in any homœopathic works to which I have access, at least in our own language.

The following case came under my own observation about a twelvemonth ago. Mr. C., aged about 50, has had symptoms of chronic gastric ulcer for several years, indicated by almost constant pain at the epigastrium, aggravated by food; water brash, nausea, and vomiting fits. He had, however, never vomited blood until the period to which I refer; he then underwent much fatigue and exertion in connection with a change of residence. Whilst superintending the removal of his furniture he vomited a large quantity of blood upon the floor of the house which he was leaving. He was taken home, and to bed, and I at once visited him. Besides enjoining rest in bed, the application of ice cold compresses to the epigastrium, and ice to be taken internally, I prescribed *hamamelis* and *ippecac.* There was a slight return of the hæmorrhage after I visited him, but once only. I am quite willing, however, to concede to such of my colleagues as may be expectant in their proclivities, that this may have been a spontaneous cessation of the affection. I can furnish no incontrovertible evidence that it was due to the medicine. He has had no return of the hæmorrhage since this attack, and never had had one before. The symptoms of gastric ulcer continue, though they are somewhat in abeyance. I ascertained this fact by a visit

* Op. cit., page 226.

† Op. cit., second edition, p. 238.

to the house a few days ago. This was rendered necessary by the fact that this patient, like many others who are quite capable of paying a moderate fee to a medical man, when able to go about visit the free clientele of a town physician. As upper-class patients act in a similar way in chronic affections, and take their fees to town, it would be wise for any of our uninitiated colleagues to take these circumstances into account before meditating a raid into the suburbs.

The cases which I have quoted give examples of the principal remedies applicable to sympathetic as well as other forms of hæmatemesis. I will, however, before leaving the subject, make a few general remarks on the treatment of this form of the disease. It is self evident that when the hæmorrhage is due to congestion of the portal system, and to disease of the liver, whether acute or chronic, the treatment to be effectual, must be primarily directed to that organ. The employment of astringents must, of course, be viewed as palliative only. In examining the works of standard allopathic writers, I have been somewhat surprised to find that so little is said on the subject of astringents. I have reason, however, to believe, judging both from my own observations and the reports of cases, that theory and practice do not agree herein, and that the general practitioners of the present day, having for the most part abandoned bleeding, rely chiefly upon astringents in all forms of hæmorrhage. There is, I believe, reason to question the explanation given by writers on the *materia medica*, of the *modus operandi* of these agents. Thus, Dr. Garrod, writing in 1872, reiterates the hypothesis on the subject in vogue, when Pereira wrote more than thirty years previously. He observes as follows: "Astringents are substances which produce some alteration in the composition and character of the blood, increasing its disposition to coagulate, and probably causing at the same time contraction of the blood vessels."*

There can be no doubt as to the soundness of the latter part of this hypothesis. Seeing, however, that the contraction of the muscular fibres of the vessels produced by astringents, will be certainly and quickly succeeded by relaxation, it is, I think, to say the least, questionable

* Garrod, *Essentials of Materia Medica*, p. 387.

whether any permanent advantage is gained by their use in internal hæmorrhages. That these agents operate in restraining the flow of blood by a power of aiding the coagulation of that fluid in the living vessels, is a notion as old as Boerhaave, though enunciated for the last time, as we have seen, by the professor of materia medica at King's College. This hypothesis is, I suppose (for I have never seen any attempt at proof), founded upon analogical reasoning, which is often, as in this instance, a very fallacious mode of argumentation. It does not follow, for example, that because tannin and other astringents harden gelatine, that they have a similar influence upon fibrin, still less, that because chemical re-agents have a certain influence after death, that they have a similar power on fluids contained in the living vessels. In fact recent observations prove that even when blood has been removed from the body, the contact of a living membrane is a principal hindrance to its coagulation. Thus, Professor Huxley says: "Direct contact with living matter retards or altogether prevents the coagulation of the blood. Thus blood remains fluid for a very long time in a portion of a vein which is tied at each end. The heart of a turtle remains alive for a lengthened period (many hours or even days) after it is extracted from the body; and so long as it remains alive, the blood contained in it will not coagulate."*

Again, the mineral acids, especially sulphuric, are very powerful astringents, and yet I find the following statement in Kirke's *Physiology*: "The coagulation of the blood is prevented altogether by the addition of strong acids and alkalies."† Acetic acid has an action upon fibrine peculiar to itself; every tyro in chemistry knows that when poured upon solid fibrine it gelatinizes or de-coagulates it, and yet the astringent properties of vinegar in hæmorrhage are familiar even to nurses. Again, common salt is named by most systematic writers as an astringent in hæmorrhage. It is recommended, for example, to fill the mouth with it in copious hæmoptysis, and yet it entirely prevents the coagulation of the blood, if applied to it as soon as it is taken from the body.

The most striking refutation, however, of the hypo-

* Huxley's *Elementary Physiology*, 6th edition, p. 68.

† Kirke's *Physiology*, by Baker, 7th edition, p. 77.

thesis that the anti-hæmorrhagic power of astringents is connected with, a tendency to aid the coagulability of the blood, is furnished by an examination of the relation of cold to this property. There is certainly no agent which is at once so potent, so uniform in its operation, and therefore so reliable as this; and yet physiology again entirely sets aside the conclusions of the magnates of *materia medica*: "Cold retards the coagulation of blood; and it is said that so long as blood is kept at a temperature below 40° F, it will not coagulate at all." And again, "Coagulation is accelerated by a temperature between 100° and 120°."*

Thus there is not only no positive evidence to substantiate this long existing and popular hypothesis, but evidence which I think may be viewed as incontrovertible has been adduced in contravention of it.

I have thought it worth while to go more fully into the matter than otherwise would have appeared desirable, as I believe this is only one example amongst numberless others, of the fallacies which have obtained currency amongst the professors and writers on *materia medica* of the old school, whilst rejecting with contempt and abhorrence a therapeutic doctrine, founded on such countless facts as the one expressed in the formula, *similia similibus curantur*.

I may have been anticipated in these remarks by some other writer, but I am not aware that I have.

To the practical inquiry, how far we should have recourse to astringent medicines in hæmatemesis, or other forms of hæmorrhage (which I make quite apart from any question as to our consistency or not, as homœopaths, in having recourse to them), I would reply that, in my judgment, they are nearly always useless, if not positively injurious. The last example of their noxiousness, as well as inutility, which has come before me, was in a case of pulmonary hæmorrhage, a few months ago. This patient, when I first visited him, was taking full doses of gallic acid, in spite of which not only the hæmorrhage was going on unchecked, but there was superinduced feverishness, constipation, dryness of the mouth and throat, &c., &c., which all ceased after its discontinuance. Nor is this very far from being an exceptional case. Nearly

* Kirke's *Physiology*, p. 76.

all the astringent medicines are agents of considerable power, and if not absolutely necessary, are likely to do harm. Although, as I have said, they are less popular with allopathic writers than formerly, yet it is remarkable that the most poisonous drug of this class on the list, is still the most in favour; I mean the acetate of lead, of which in internal hæmorrhage, Dr. Paris said there is nothing "*simile aut secundum*." In our practice astringent or styptic medicines are likely to act injuriously in several ways:—1st, as we have seen, by their perturbative action on the system. 2nd. By their secondary action, as has been already observed, being the reverse of the primary one, i.e., relaxation of the bleeding vessels, succeeding their previous contraction. 3rd. Admitting, however, a certain hæmostatic effect, this will certainly be on the principle *contraria contrariis*, and this, if the hæmorrhage be moderate, may act injuriously by obstructing the effort of nature for her own relief. 4th. By their interference with the action of the specific remedy.

I acknowledge that I have occasionally given them as adjuncts to the homœopathic remedy, but I have in every such instance had subsequent reason to regret what I had done. If what appeared the homœopathically indicated medicine has not acted so quickly and decidedly as I expected, neither has the styptic. Even in cases of extreme urgency, when we may be in danger of losing our self-possession, and be ready to fly to any means that offers the least chance of success, the rightly chosen specific often acts so decidedly and so rapidly as to leave nothing to be desired. I have cited examples proving with what great rapidity *hamamelis* and *ipêcac.* act in appropriate cases, and I shall have to refer to others equally striking when other forms of hæmorrhage come under notice. If we want aids additional to the specific medicines, physiology stands ready to offer us help far more efficient than any drugs borrowed from the *materia medica* of old physic.

In the phase of disease we have been last considering, sympathetic hæmatemesis, it is certain that any agents which do not act upon the organ primarily affected, are at best palliative, and for the reasons we have given, may be injurious in their influence.

Having said so much about the *lædentia*, I now add a

few remarks on the *juvantia*. 1st. It is clear that if medicines are to be curative in the treatment of sympathetic hæmatemesis, they must have a specific relation to the liver and portal system. Hence *mercurius*, *nitric acid*, *phosphorus*, and *bryonia* will each find an appropriate place in diverse cases. It is, however, one great collateral advantage of a system founded on the provings of medicines on the healthy, that medicines are discovered whose action is multiplex. Many of our remedies have been proved to act not upon one organ only, but on many; on a series of related organs in short; such a one is *hamamelis*. Operating, as it does on the whole venous system, and especially finding its appropriate sphere of action in any portions of it which may be obstructed or congested, it will act not only on the congested portal vessels, but also upon those inosculating branches from which the blood is actually flowing. And hence surely it is no vain boast in this and allied diseases to say of it that it has "*nullum simile aut secundum*." *Ipecac.*, however, doubtless treads closely on its heels, and if there be very expulsive efforts, and especially if attended with much nausea, it may be well to alternate this medicine with our *hamamelis*. 2nd. Cold has none of the disadvantages which have been alluded to as attaching to the medicinal astringents. It is constant and not intermittent in its action; it does not disturb the system, or interfere with the healthy action of organs which the disease has not reached; nor does it interfere with the operation of the specific remedy. The influence of cold may be brought to bear by the application of ice bladders or frozen compresses to the epigastrium, by ice or ice-cold water taken into the stomach, or if the stomach be too irritable even for this, by ice-cold *enemata*. 3rd. The application of Dr. Chapman's hot-water bag to the dorsal vertebræ promises to be a most valuable adjuvant to other treatment in bad cases of this formidable disease. He explains its influence by the irritation of the sympathetic ganglia by the heat having a stimulating effect on the vaso motor-nerves, and this inducing powerful contraction of the muscular fibres of the blood vessels, and thus partially or completely closing the bleeding vessels, and consequently restraining the hæmorrhage. 4th. Ligatures to the extremities are recommended by some authors, but can only be transient and partial in their influence. If applied too tightly

they will constrict the arteries as well as the veins, and thus increase the mischief. If carefully applied they can, however, do no harm, and may help to satisfy the patient and friends, until the more important means have had time to act. 5th. If the case assumes a chronic or sub-acute form, it may, as was remarked in a former paper, be highly advantageous to feed the patient per anum. 6th. It need scarcely be added that absolute rest of body and mind, a cool apartment, few bed clothes, open windows, a raised position, are all adjuvants of value and importance.

(*To be continued.*)

HOMŒOPATHIC PHARMACOPŒIA.

MODIFICATION OF THE TRITURATION PROCESS.*

FOR the first decimal trituration the steps of the process are as follows:—Weigh any number of grains (not exceeding 100 grains) of the medicinal substance, which should be in fine powder, or in the case of metals, in thin leaf, and then weigh separately an equal number of grains of perfectly pure sugar of milk, in coarse powder. Transfer the medicinal substance into a perfectly clean and dry Wedgwood mortar, then place the milk sugar upon it, and mix the two together with a horn or ivory spatula, or in the case of metallic leaf, spread the milk sugar evenly over the surface. Using a pestle of the same material as the mortar, rub the mixture thoroughly

* In reference to the new edition of the *Pharmacopœia* we have received the following letter from Dr. DRURY.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I shall be obliged if you can find space in the *Review* for the accompanying remarks on a modification of the trituration process.

I fear some may think that we are making less rapid progress with the *Pharmacopœia* than might have been expected. Having to go carefully over every part of the former edition, and at times to revise our own revisions, in some cases add the description of plants, or re-write chemical processes, &c., our work is less apparent than we could wish. We have, however, made fair progress. Where possible we direct pilules to be made of a lower attenuation than hitherto. At a later period I may ask you to find room for some corrections and fresh matter.

Yours faithfully,

WILLIAM V. DRURY.

Harley-street, May 20, 1874.

and carefully during six minutes, taking care that it should be not only mixed thoroughly by the steady circular movement so well known to pharmacutists in mixing powders, but also that the hard, grinding motion which is employed in incorporating pill-mass should be effectively used, so as to break up all large and hard particles. At the end of the six minutes, scrape the pestle and mortar carefully with the spatula, so that nothing shall be left adhering to them, and stir the mixture again; a process which will usually occupy about four minutes. Again rub and stir the mixture with the pestle for six minutes as before, and again scrape all the particles off the mortar and pestle, and thus complete the first stage of the process.

As the reducing of the medicine to the finest possible powder is a most essential point in this method of preparation, and as it is very difficult to effect this after a large proportion of sugar of milk has been added, a small portion of the trituration should be carefully examined under the microscope at this stage, and if the particles are found to be very unequal in size, the trituration and scraping should be continued until the reduction of the particles to a uniform degree of fineness is complete. Now add three times as many grains of coarsely powdered sugar of milk* as were used in the first instance, stir it well in with the triturated material, and proceed as before, viz., rubbing for six minutes, scraping and mixing for four minutes, again rubbing for six minutes, and scraping as above. Then add five times the number of grains used at first, of finely powdered sugar of milk, rub for six minutes, scrape and mix for four minutes, and again rub for six minutes, after which the trituration may be viewed as complete, and having once more scraped the whole together, it should be transferred to a perfectly clean dry glass bottle, carefully corked, and labelled 1x.

For subsequent trituration the steps are as follows:—Take one part by weight (not exceeding 100 grains) of the previous trituration, and then weigh separately nine times as many grains of perfectly pure sugar of milk in

* In the case of metallic leaf it may be necessary to add a little of this coarse milk sugar before all the particles can be brought under the pestle; in this case the smallest quantity should be added at a time, so as to avoid increasing the bulk materially, before perfect reduction of the metal is secured.

fine powder. Transfer half the quantity of the sugar of milk into a mortar as above, then place the triturated substance on the sugar of milk, and mix the two together with a horn or ivory spatula. Rub the mixture as directed for six minutes, scrape the mortar and pestle carefully with the spatula, so that nothing is left adhering to them. Again rub the mixture with the pestle for six minutes as before, and again scrape and mix thoroughly when the first stage of the process is complete. Now add the remainder of the sugar of milk, stir it well in with the triturated material, and proceed as before, viz., rubbing for six minutes, scraping and mixing for four minutes, and again rubbing for six minutes, after which the pestle and mortar may be scraped, and the triturated product bottled, corked, and labelled.

The following is to be inserted after the paragraph headed "Ether."

Glycerine.

A sweet principle, obtained from fats and fixed oils, and containing a small percentage of water. This is required for preserving some animal poisons, but having a medicinal action, can only be admitted in exceptional cases, where it has been used in the preparations of the original provers. It should bear the following

Characters and Tests.—A clear colourless fluid, oily to the touch, without odour, of a sweet taste, freely soluble in water and in alcohol. When decomposed by heat it evolves intensely irritating vapours. Specific gravity 1.25. Diluted with six times its volume of distilled water, it gives no precipitate with chloride of barium, nitrate of silver, solution of lime, or with sulphuretted hydrogen, when previously acidulated with hydrochloric acid.

NOTES ON TANGIER, WITH CLIMATE
RECORDS.

By Dr. MORRISSON.

TANGIER, the chief seaport of the empire of Morocco, though distant from Gibraltar only about four hours by steamer, is known to but few English civilians. Thus within easy reach of Southampton, or of London direct, lies an essentially Oriental town, interesting from its very

quaintness ; possessing a charming climate ; having excellent sands and magnificent scenery ; which should be equally enticing to the tourist, sportsman, and invalid. To say that all the luxuries of life are obtainable here, would be as incorrect as to suppose that the traveller could not exist in average comfort. There are two leading hotels, the one fashionable and unduly expensive, the other fairly comfortable and with moderate charges. But what most distresses a new arrival, is the filthy odour which everywhere prevails. There is no difficulty either in recognising or in accounting for it. A pair of sensitive nostrils will accomplish the former, and a few enquiries will solve the latter. In fact, the system of drainage is somewhat primitive. A network of sewers intersects the town beneath, into which the trapless closets for the use of some 15,000 inhabitants open from above. Add to this the fact that there is no regular water supply, and that disinfectants are practically unknown, and the main items will be complete. Now, according to civilised ideas, such a town would be expected to be a hotbed for disease. But the contrary holds good. The rate of mortality is low, and the amount of non-preventible disease comparatively small. There is no carriage traffic, all the streets are very narrow, and into the streets is thrown all the rubbish. Donkeys with panniers are employed to collect such refuse as can be carried away, scavenging dogs and occasional rains disposing of the remainder. A Moorish house is a sort of partitioned box, with a vacant square piece (patio) in the centre, and a flat roof. This latter forms the promenade. The street traffic is shared in common by donkeys, mules, horses, and people. Camels rarely enter the town ; and cats do not join the general throng, as they prefer to leap from house to house. The tone of voice of these latter animals is peculiar ; approaching the baritone, rather than the high treble of their English connexions. An old wall encircles the town. A decent 12-pounder could in less than five minutes greatly improve the ventilation of any given area. There are four entrance gates, three of which are closed at sunset. Landing is by means of small boats, as at Gibraltar, with the addition that passengers are carried bodily from the boats to the dry beach. Foreign ladies can visit Moorish ladies in their homes. They will do well, however, not to allow these latter to try on their hats or bonnets, as Moorish scalps are generally inhabited.

Speaking of odours, it is surprising how soon the majority of visitors become accustomed to them. It is rare that a daily walk or ride cannot be taken, and the balmy country air inhaled. If English invalids will take proper care to avoid the evening and night air, unsuitable foods and drinks, and will wear proper clothing, this is an admirable climate, both in summer and winter, in which to recruit.

Certain diseases are common here, such as syphilis, phthyriasis, renal affections, and intermittent fever. Most of these are preventible. Consumption is practically unknown among the Arab population. Mogador, a seaport some 200 miles down the Atlantic coast, is rather warmer than Tangier, but the latter is the cleanest town in the empire. Though exposed to east winds, the temperature is remarkably even; not exceedingly hot in summer, nor cold in winter. Sudden changes are rare.

Some knowledge of Spanish is useful, but not absolutely necessary. Arabic can be dispensed with, especially as it appears next to impossible to speak that language for five consecutive minutes without coming to blows. Passports are not required, except for the interior. Visitors do well to avoid making acquaintances until they know something about their probable friends. Some of the consuls are not over popular. One of them, a gentleman of large fortune, wrote a letter requesting the attendance of an English physician, telling the physician that the regular fee was two pesetas (1s. 7d.), but that he could charge a little more *if he thought proper to do so*. Happily there are exceptions, and visitors will have no difficulty in ascertaining who among the residents are worthy of respect.

Flowers grow in profusion. At the present time (March) the shaggy hedges of aloes, of prickly pears, and of lofty canes, are enlivened by quantities of the common blue periwinkle, by bright yellow blossoms, by brilliant blue borage, and by numerous flowers of lesser note. Pear, hawthorn, and some other trees are in full bloom. In any garden a handsome bouquet can be gathered in a few minutes. Orange trees are always in flower, and eight to twenty oranges are sold in the streets for the equivalent of an English penny.

Dr. Isern, a Spanish practitioner who has recently settled here, has been kind enough to lend me his record of thermometric, barometric, and hygrometric readings

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Temperatures recorded at 10 a.m., 6 and 10 p.m., as taken in a sheltered corner of the open hall of the Hotel de France. Night temperatures from self-registration, in bed-room without fires. 11 C.=51½ F.; 18 C.=64½ F.

	14.	15.	16.	17.	18.	19.	20.	21.
19	10 p.m.							
18	9 p.m.							
17	8 p.m.							
16	7 p.m.							
15	6 p.m.							
14	5 p.m.							
13	4 p.m.							
12	3 p.m.							
11	2 p.m.							
Night	10 p.m.							
Max.	16°	15°50'	16°25'	15°50'	15°50'	16°25'	17°50'	18°
Min.	12°50'	13°	14°50'	14°	14°50'	11°	11°50'	18°25'
Barom.	29.3/100	.82	.81	.85	.85	.85	.86	.87
Hygr.	85	80	80	72	75	78	88	85
Wind	W.	N.W.	E.	E.	S.E.	S.E.	E.	E.

OUTLINES OF THE HISTORY OF MEDICINE.

By W. B. A. SCOTT, M.D.

(Continued from page 294.)

Life and doctrines of Aristotle.—Diocles.—Praxagoras.—Alexandrian or Anatomical School.—Chrysippus and his followers.—Erasistratus.—Herophilus.—Callianax.—Serapion, Philinus, and the Empirics.—Heracclides.—Division of Medicine into three distinct professions.—Ammonius.—Introduction of Medicine into Rome.—Archagathus.—Alleged banishment of the physicians from Rome by Cato the Censor.—Re-establishment of Medicine in Rome by Asclepiades.—His doctrines.

The chief incidents of the life of Aristotle are so generally known that no long biographical sketch is needed in order to recall them to the memory of my readers. He was born at Stagyra, on the borders of Macedonia, about 385 B.C. ; and, after an irregular youth, repaired to Athens, where, fortunately for himself and mankind, he abandoned his former idle and dissolute habits, and devoted himself for many years with the utmost diligence to the study of the Platonic philosophy under the prelections of the eloquent master himself. He then opened a school of his own, known as the Peripatetic, which, as regards doctrine, seems to stand in some respects midway between the Stoic and the Epicurean,—differing from both, however, in admitting the value of a moderate degree of emotional excitement as a necessary stimulus to action. He was for many years preceptor to Alexander the Great, and, as Lord Bacon has well remarked, so dogmatic was the temper of Aristotle, that he seemed to wish to exercise the same sovereignty over the domain of mind which his disciple coveted to possess over the physical world. His connection with Alexander proved in the sequel a happy circumstance for humanity, as “Macedonia’s madman” found time in his career of conquest to cause great numbers of animals to be collected and duly transmitted to his old tutor, together with a large sum of money, in order that no assistance might be wanting to the completion of the work on natural history which the latter had undertaken at his pupil’s request. It is melancholy to have to

relate, that, while Aristotle was so far removed from anything which might (however delusively) even bear the semblance of superstition as wholly to disregard the worship of the Deity, he yet wished to have divine honours paid to his wife Pythias after her death,—a little more fidelity to whom during her life-time would have seemed a more rational and becoming mode of showing his affection. He died 322 B.C., whether by suicide or in the course of nature is uncertain, leaving numerous treatises on logic, ethics, rhetoric, natural history, &c., which were long regarded as the standard of ultimate appeal.

The books of Aristotle on medicine and anatomy being lost, we are obliged to have recourse to his treatise on natural history in order to discover so far as possible his views on those subjects. He here gives accounts of the dissections of quadrupeds, birds, fishes, and insects, in which he is often guilty of the strangest blunders; as, for example, when he asserts that in lions and wolves the neck is composed of a single bone, and that the bones of the former are devoid of marrow. According to Galen, Aristotle was the first to designate the aorta by its present name,—in which case, by the way, the so-called Hippocratic treatise *de corde* must be spurious. He appears, however, to have mistaken its function, as he describes it as a nerve, or, at least, as partaking of a nervous character. He maintained that blood issues from the heart into the veins, but that none returns to the heart. He regarded this organ as the source both of nerves and veins, and the seat of the common principle of feeling and movement. He supposed the primary use of the liver, spleen, and kidneys, to be that of supporting the veins and retaining them in their places, though he admitted that the first likewise aids the process of digestion. The brain he regarded as a bloodless mass of earth and water, serving merely to moderate the warmth of the heart,—though how it could do this if it contained no blood, seems somewhat puzzling. The spinal cord he thought to be of a totally different nature, considering it to be a kind of condensed blood designed for the nutrition of the vertebrae.

He described the process of digestion as similar to that of boiling or cooking, and seems to have been the first to mention the cœcum.

There is little worthy of note in his remarks upon the

ear, except that he appears to have recognized the passage now known as the Eustachian tube. He taught that the faculty of sight resides in the pupil of the eye, that of touch in the flesh generally, that of taste in the tongue, that of smell in a peculiar structure in the nose (which he describes as certain veins coming from the heart but united to the brain), and he supposed the function of the nerves to be in no way connected with sensation. The diaphragm, he maintained, merely serves as a partition between the chest and the abdomen, so that the thoracic cavity (containing the heart, to which, as we have seen, he attributed the functions now ascribed to the brain, as well as its own,) might be protected from the fumes arising in the lower or abdominal cavity.

In respiration, he taught that air passed direct from the lungs to the heart, cooling that organ on its entrance, and, on its exit, removing any hot and dense vapours which were present.

Since Aristotle himself plainly tells us that his dissections were confined to the lower animals, this may account for many of his errors, as, for example, his saying that the heart has three cavities—a statement true as regards reptiles—though even here it might have been expected that his dissections of quadrupeds would have taught him that it did not hold good universally.

I have dwelt at greater length on the life and doctrines of Aristotle than the importance of any of his contributions to medicine or anatomy may seem to warrant; but, from his general fame, as well as from the fact that his work on medicine (though lost) seems fairly to entitle him to the rank of a professional if not a practising physician,* I did not feel justified in omitting his name altogether, and a more cursory notice would have seemed inadequate in the case of a man who for many centuries ruled the intellectual kingdom with hardly a rival, excepting Plato. Any medical doctrines of the latter were so much more purely speculative, that in a brief treatise like the present a detailed account of them would be out of place.

Nearly contemporaneous with Aristotle, whom, however, he survived, was Diocles of Carystus, called by the

* He is even said to have practised medicine, though not in a way which particularly redounds to his credit, for Epicurus reproached him with having set up as an itinerant quack after wasting his patrimony.

Athenians the second Hippocrates, and to whom Galen bears the honourable testimony that, like his great predecessor, he practised his profession for the sake neither of gain nor glory, but solely from benevolent motives. He is said to have been the first who wrote directions for the practice of anatomy, or, as we would say, a "Dissector." He invented an instrument for the extraction of arrow-heads, as well as a peculiar kind of bandage for the head, both of which were called by his own name. He treated ileus by causing the patient to swallow a leaden ball, a practice which we can hardly venture to claim as homœopathic, notwithstanding the material of which the ball was composed, as the latter was evidently designed to act merely mechanically by its own weight. He is chiefly known on account of the famous letter to Antigonus, one of the successors of Alexander the Great, on the preservation of health. The authenticity of this letter has been disputed—on insufficient grounds, Dr. Adams thinks.*

In this letter, the human body is described as divisible into four parts, the head, the chest, the abdomen, and the bladder. Diseases of the head are to be met by gargles and frictions, those of the chest by emetics, an open state of the bowels is to be maintained by means of diet and regimen, and diseases of the bladder are to be treated by diuretics. He also wrote several books on the subject of this letter, as well as a treatise on fish, and another on the art of preparing viands.† This last, or another treatise of the same name, provoked the undeserved censure of Plato, who complained of the introduction of cookery into medicine as derogatory to the latter, though the subject was treated of by Diocles with a purely sanitary view, and not with that of pampering luxurious tastes. Indeed, not the least valuable part of some of the most original and excellent modern works on *Materia Medica* (as that of Dr. Sidney Ringer), is the appendix containing various culinary directions. Diocles also composed a work "*On the cause and cure of diseases*," wherein he describes one which he calls the "*melancholic disease*," and which seems to have been a kind of dyspepsia attended with flatulence. Like Pythagoras and Hippocrates, he attached some mysterious significance to the number seven, and

* Dr. J. R. Russell: *History and Heroes of the Art of Medicine*, p. 69.

† ὀψοποιητικῇ.

employed purging and blood-letting very much in the same way as the latter.

Praxagoras, a compatriot of Hippocrates, and belonging to the same family, probably flourished a few years later than Diocles. He is celebrated as an ornament of the "Rational" or "Dogmatic" school, was the preceptor of Herophilus, and wrote treatises on "*Fasting*," on "*Natural Events*," on the "*Ordinary and Extraordinary Accidents of Disease*," and on "*Medicaments*." Like Aristotle, he believed that the nerves spring from the heart, and that the brain is of little use. He also taught that the arteries become nerves in proportion as their calibre diminishes, and is said to have been the first to distinguish between veins and arteries. His treatment of *ileus* really seems to present a tentative effort at a rude sort of homœopathy, as he directs that emetics be given persistently until stercoraceous vomiting shall be produced, which, as is well known, is one of the late symptoms of the disorder. He taught that there are ten "humours" in the body, and gained much applause from some persons for his skill in classifying them. He held a curious theory that the seat of fever is in the lower part of the *vena cava*.

* Chrysippus of Cnidus, the first of the Alexandrian or "anatomical" school, probably flourished about 295 B.C. He and his followers made great innovations in the practice of Hippocrates, the most important of which was the abolition of blood-letting. He was the pupil of Eudoxus, whom he followed into Egypt, where he was put to a cruel death by Ptolemy Soter on a false accusation. Among his disciples were Medius, Aristogenes and Metrodorus, of whom little is known, and the famous Erasistratus.

The name of Erasistratus is familiar to most readers on account of the sagacity with which, we are told, he detected the lawless passion of young Antiochus, and the very questionable stratagem whereby he secured its gratification, instead of endeavouring to recall his royal patient's mind to a sense of the paramount claims of duty.† For

* It is very important not to confound the physician Chrysippus of Cnidus with the Stoic philosopher of Tarsus of the same name, who lived nearly a century later—a mistake which Pliny seems to have committed.

† A similar story is told of Hippocrates at the court of Perdiccas, King of Macedonia; also of Avicenna.

this he is said to have received 100 talents from Ptolemy Philadelphus, whose daughter Antiochus had married, and who became a warm patron of Erasistratus. Now, since the cure of Antiochus took place shortly before the death of his father Seleucus, which we know to have occurred 280 B.C., and Ptolemy Philadelphus reigned until 246 B.C., we thus arrive approximately at the date of Erasistratus, but I am unable to give it with greater precision. He was a native of Ceos, and grandson of Aristotle, but whether by descent or adoption is uncertain. Notwithstanding his fame as a physician, little more is known respecting his life.

The enlightened liberality of the three first Ptolemies led them to establish museums, found schools and libraries, and extend the most generous patronage alike to art, science and literature. Ptolemy II. (Philadelphus) in particular, is entitled to our gratitude for having caused the Septuagint translation of the books of the Old Testament to be undertaken and completed. He seems to have been the first (with the possible exception of his father) to give official sanction to the practice of dissecting human bodies, and even furnished Erasistratus and his colleague Herophilus with numerous "subjects" for their researches; tarnishing the fame he would otherwise have so well deserved, by, in many cases, supplying his protégés with criminals to be dissected alive. But, however justly he may be condemned for this last-named procedure, it must be acknowledged that by removing the stigma which had previously attached to human dissection, and by furnishing such ample means for the prosecution of this study, he gave an immense impulse to the progress of anatomy, a science which had languished or even retrograded since the days of Hippocrates. On examining what is now known of the anatomical teaching of Erasistratus we shall see he did not fail to make good use of his advantages.

The writings of Erasistratus have been lost; our knowledge of his discoveries and researches is, therefore, derived solely from some fragments preserved by Galen, and some references in the works of that writer and others. From these it appears that Erasistratus was the first to describe the lacteals, and to point out the true functions of the brain and nerves. These latter he divided into motor and sensory, at first supposing that the former arose in the true brain substance, and the latter in the meninges—a mistake

which he subsequently rectified. He described the ventricles of the cerebrum as communicating with one another,* and also with the cerebellar or fourth ventricle. He not inaptly compared the convolutions of the cerebrum to the coils of the jejunum; and had the sagacity to perceive that the complexity of these convolutions in the human subject was connected with the higher development of intelligence in man.

He asserted that the veins and arteries both arise from the heart; and the accuracy and minuteness of his descriptions of the valves at the orifice of the heart is perfectly amazing.† He showed that, according to the direction of the edges of the valves, two sets impede the reflux of the blood from the auricles into the veins; and two others prevent the reflux of the contents of the aorta and pulmonary artery into the ventricles. He described the influence of the cardiac systole and diastole on these with perfect correctness. How he missed the doctrine of the circulation of the blood seems incomprehensible, yet, so far from attaining it, he asserted that the arteries and the left ventricle contain air or spirit, of which the aorta is the reservoir, as he held the vena cava to be of the blood. He thought the source of disease lay in the fact of blood finding its way into the arteries, and accounted for traumatic fever by asserting that the solution of continuity, and consequent exposure of the ends of the vessels, rendered such transfusion a probable occurrence. Galen charges him with having overlooked, or at least neglected, the "humours;" but now-a-days the most devoted admirer of Erasistratus need not be careful to answer his accuser in this matter. Erasistratus thought that the air in the arteries was derived from respiration.

He was of opinion that in the process of digestion the stomach contracts upon its contents, thereby kneading and comminuting them—wholly disregarding the Hippocratic theory of coction. He believed the chyle to pass from the stomach to the liver, where, according to him, the san-

* It seems likely that Erasistratus overlooked the small fifth ventricle, between the layers of the *septum lucidum*, which alone does not communicate with the rest.

† It is to be remembered that the treatise *De corde*, sometimes ascribed to Hippocrates (in which these structures are described), is of such doubtful authenticity, that, in all probability, Erasistratus is entitled to the credit of having discovered the facts mentioned in the text.

guineous portion enters filaments of the vena cava; and the biliary portion is absorbed by the ultimate ramifications of the biliary ducts. We thus see that (with whatever admixture of error) he knew that the liver had some function in connection with digestion, and recognised the distinct elective affinities of different structures. He was aware of the real office of the kidneys, and pointed out the actual and sole duty of the trachea. He did not profess to give any reasons for the facts he demonstrated, as he considered this to be the office of philosophers, not of physicians or anatomists. For this cause Galen called Erasistratus and his follower Herophilus only "*half-dogmatists*"—*meaning this as a reproach!*

In his practice he was the sworn foe of blood-letting and purging in general; alleging that the only use of either could be to deplete, and that we possess safer depletory measures in abstinence and exercise. He also remarked, with admirable sagacity, that in the very diseases (*viz.*, fevers and inflammations) in which blood-letting was chiefly practised the patient's strength was already so much reduced by low diet as to render depletion peculiarly unsafe. *Thus we can claim an antiquity of more than twenty-one centuries for two at least of Hahnemann's "new-fangled doctrines."* He attached less importance to exercise in the case of persons in health than Hippocrates had done, and gave careful directions for the nature and amount of it to be taken by those in disease. He employed baths, and occasionally emetics and even clysters; but upon purgatives in general he has the following excellent remark: "The excreta removed by purgatives were not the same in the body as they appear when voided, *because the drugs have altered and, as it were, corrupted them.*" He declared himself strongly against polypharmacy; and one of his favourite drugs seems to have been chicory. He employed also cataplasms, unguents, and fomentations.

Though a most "heroic" surgeon, he was opposed to the extraction of teeth, except when loose; he also rejected the use of paracentesis in dropsy.

As in the case of Erasistratus, the name of Herophilus is generally well known on account of a familiar anecdote. The philosopher Diodorus once maintained in presence of the latter the famous paradox that there can be no motion: "For," said he, "if anything moves it must move either in the place where it is, or in some place where it is not;

now, nothing can move where it is, nor, assuredly, can anything move where it is not; therefore, there can be no motion." Shortly afterwards the philosopher dislocated his arm, and sent for Herophilus, who practised surgery as well as medicine. Instead of reducing the dislocation Herophilus retorted on Diodorus his own argument to prove there could be no dislocation at all. "Pray," cried the philosopher, "leave sophistry and dialectics alone, and practise your own art for my benefit!"

Although Herophilus ranked so high as an authority upon anatomy that the ancients seem to have assigned him the first place, and Fallopius said, with more epigrammatic force than decorum, that to gainsay Herophilus was as bad as to contradict the Gospel, yet in some respects he seems to have fallen short of Erasistratus. Thus, he confounds together nerves, tendons, and ligaments under the appellation of nerves, and appears to make no sufficiently marked distinction between sensory and motor nerves. Again, he is uncertain whence the veins arise. But that he was a diligent anatomist may be learned from the fact that Tertullian accuses him of having *vivisected* 600 men; and the esteem in which he was held is sufficiently attested by his having given to the following structures the names which (when translated) they still bear: viz., the *duodenum*, *retina*, *arachnoid*, *choroid*, *calamus scriptorius*, *torcular Herophili*, and others. He located the soul in the ventricles of the brain.

Herophilus wrote at length upon the pulse; justly remarking that, in order to judge of it aright, we must estimate its "cadence" (*ρυθμός*) no less than its force. He attached great value to the medicinal properties of herbs, particularly white hellebore; and seems to have been more constant and unsparing in the employment of drugs in his practice than was deemed necessary by Erasistratus. He was as strenuous a supporter of the "humours" as Hippocrates himself, or his own master, Praxagoras.

Nearly cotemporary with Herophilus and Erasistratus were Serapion of Alexandria and Philinus of Cos, founders of the Empiric sect. The latter was a disciple of Herophilus, from whom he is said to have taken much of his new system. It is true that Pliny calls Acron of Agrigentum (440 B.C.) the founder of the Empirics, but the name was not adopted as a distinctive title by the members of the

school before the time of Serapion. Until medicine was digested into a system by Hippocrates it is evident that all physicians must, in reality, have been empirics; and it might perhaps have been well if they had remained so longer. The greatest ornament of the Empiric school was Heraclides of Tarentum. He was one of the first to bring opium into general use; and relied much on abstinence—even prescribing a seven days' fast in cases of quartan fever. He wrote a book on diet, and another against Herophilus on the pulse; and Galen bears him the honourable testimony "that he never sacrificed truth to the interests of his sect; always acted in good faith; and related nothing which he had not himself experimentally proved." The time in which he flourished is uncertain.

Among the best known of the followers of Herophilus was Callianax (called by Dr. Russell the "father of the *Rude School*"), who, being once asked by a patient whether the death of the latter was inevitable, replied in the words of Achilles to Lycaon, *νάτθανε καὶ Πάτροκλος, ὅπερ σέο πολλὸν ἀμείνων.*—*Il.* xxi. 107. After all, unless Abernethy is much maligned, he uttered many sayings quite as caustic as this, and yet he was in reality one of the most kind-hearted men that ever lived.

About this time practitioners of the medical art were first divided into three classes: (1) Dietetic physicians, or physicians *par excellence*, who took the highest rank, as they embraced the widest range of study; (2) Pharmacutists, not, as might have been supposed, corresponding to our druggists, but persons who treated ulcers, wounds, &c., by the *external* application of drugs; these two classes naturally merged into one another, and were not separated by any very distinct line of demarcation; and (3) Surgeons, who confined themselves strictly to manual operations, as the use of the cautery and the knife. It is worthy of note, that, even before this formal division, physicians often employed subordinates called *Δημιουργοὶ* to perform operations *under their directions*, and to compound their prescriptions, and it is probable that these latter came by degrees to practise on their own responsibility what they had formerly only performed under the surveillance of others, and so formed the classes of Pharmacutists and Surgeons. Pure Surgery seems to have taken its rise in Egypt, and among the most distinguished of its early devotees was Ammonius of Alexandria, sur-

named Lithotomus from having been the first to cut or break in the bladder such calculi as were too large to remove entire. It is evident that etymologically it is to this operation the name of lithotomy ought to be given, and that the modern operation so designated ought rather to be called cystotomy.

Introduction of Medicine into Rome.—Although a rude sort of domestic physic had doubtless been practised among the Romans from the earliest times, and Dionysius of Halicarnassus expressly speaks of physicians at Rome during the plague which ravaged the city about 450 B.C., yet the first Greek physician who settled there—probably the first who had studied his profession scientifically,—was Archagathus, 218 B.C. He was at first received with great honour, but his “heroic” employment of fire and steel ere long so disgusted the citizens, that they bestowed on him a most uncomplimentary soubriquet, and it is even said that he or his immediate successors were banished from Italy by Cato the Censor. However this may be, there can be no doubt that Greek medicine fell into great disrepute at Rome for more than a century, until it was re-introduced by Asclepiades.

Asclepiades, a native of Prusa in Bithynia, came to Rome about 95 B.C., where he at first endeavoured to earn a living by teaching rhetoric; but, not finding this sufficiently remunerative, he turned his attention to medicine. Although he does not seem to have passed through any systematic course of medical study, he speedily gained a large practice by means of forswearing most disagreeable remedies, such as emetics and purgatives, except on rare occasions, though he unfortunately retained blood-letting. He was the author of the famous formula that a physician’s aim ought to be to heal “*cito, tuto, et jucunde*.” If we may judge from the encomiums bestowed upon him by those best qualified to form an opinion, it is fair to suppose that his practice was successful; but he was so absurdly vain as to boast that he would never himself fall sick—a vaunt which, however, time justified, for he died from the effects of an accident in extreme old age. His views of religion and morals were very much those of the Epicureans, and even his physics closely resembled those of that sect, as he maintained that all bodies are composed of molecules and pores, only the molecules of Asclepiades, unlike the atoms of Epicurus, were divisible. He con-

sidered "Nature" merely a synonym for any observed succession of phenomena, and wholly denied the intervention of any intelligent agent. Matter and motion he regarded as the sole causes of everything in the universe; and was most indignant with those who, like Hippocrates, thought that the duty of the physician was to observe the course Nature took and follow her indications. It will be remembered that Hahnemann in his *Organon** deprecates this servile copying of Nature, remarking that her course in the healing of disease is, so to speak, a blind and instinctive course, and that it is the duty of the physician, by the exercise of his reason, to step in and give it a more favourable direction. Applying his philosophy to medicine, Asclepiades maintained that the human body, like all others, is composed of molecules and pores, and that disease arises from the blocking up of the latter by particles of excessive size or unsuitable shape (like the modern "*error loci*"), or from the pores becoming unduly constricted or relaxed. To plugging of the pores he attributed frenzy, lethargy, pleurisy, and inflammatory fevers, while to distension of the pores he ascribed fainting, marasmus, and dropsy.

The principal remedies he employed were gestation, friction and wine. The last he administered to fever patients and even to maniacs, and he held the truly homœopathic maxim that we ought to "*cure a fever by a fever.*" In the case of maniacs he administered wine to the extent of intoxication. He rarely used drugs in acute diseases, sometimes, however, making his patients fast during the first three days of the malady. Instead of purgatives he used clysters; occasionally, though very rarely, he gave emetics, but, as we have seen, he practised blood-letting; and, notwithstanding his professing to employ only mild remedies, he did not shrink from paracentesis in dropsy. He retained cupping, and is said by some to have been the first to practise laryngotomy, but this was regarded by the ancients as so desperate an operation that Caelius does not hesitate to assert that it was merely a rash proposal, which even Asclepiades himself never ventured to carry out.

* Introduction. Note at p. 28; also, § XXIX. Note 2, p. 128. (Dr. Dudgeon's translation.)

REVIEW.

The Hahnemann Materia Medica. Part III., containing *Belladonna*, by Dr. R. HUGHES. Printed for the Hahnemann Publishing Society; and published by H. Turner & Co., 77 Fleet-street, London, E.C. 1874. Pp. 48.

This volume is the second issue of our Publishing Society for the year 1874, and it is one that brings down our knowledge of the pure effects of *belladonna* on the human system to the present time. It is a compilation of facts, so far as the editor, Dr. R. Hughes, has been enabled to satisfy himself concerning them, and these facts are culled, just as Hahnemann's own were, from all possible sources of information. We may, therefore, look on this volume as a standard work of reference on all that concerns the pathogenesis of *belladonna* for all time, whether it be referred to by men who, as Hahnemann, practise according to the doctrine of similars, or by those who are endeavouring to utilise the action of drugs in health, according to the law of contraries in disease.

To ourselves as homœopaths this work has, however, an interest beyond the mere amount of hard knowledge that it contains. The *Materia Medica* committee of the Publishing Society in soliciting work to be done for their section, have wisely or unwisely given to each member perfect license as to the arrangement to be adopted for each drug. The consequence of this has been that every worker has to some degree modified the example of his predecessor, and Dr. R. Hughes has been no exception to the rule. We have, therefore, at least, four model pathogeneses published by our Society, without reckoning the *nitrate of uranium*, by Dr. E. Blake, which follows as closely the model of *kali bichromicum* as the paucity of its provings will allow.

So far as Dr. Hughes' schema is concerned we confess that it possesses considerable advantages over Hahnemann's own, and over those of Drysdale, Dudgeon, or Black. The collection of symptoms referring to sensibility, motility, perception, and sleep, under the heading of "Nervous System," is one that might certainly have been suggested before, but which here is reduced to practice for the first time. The Head, Face, Eyes, and Ears follow well in succession, and though a strict criticism might demand their being placed as subsections of the Nervous System, with the exception perhaps of Face, still their relative importance seems to justify their position as independent sections. The Digestive system is divided very admirably into subsections; so are the Respiratory organs and Circulatory organs. Indeed we may commend these subdivisions to the

careful attention of the gentleman compiling the section "chest" in the new repertory. Why "Skin" should come between the "Circulatory organs" and "Back and limbs," we do not know, except for the purpose of dealing with it in close connection with pulse and temperature. It would have been well, we think, to have placed "Skin" as the last section except "generalities," so as to have gone through all the localities first by themselves. Leaving the schema, we notice that Dr. Hughes's arrangement differs from that of *Kali bichr.* in the following points: first, we have no separate chapter on pathological anatomy, no separate summary of the physiological action, or of the "therapeutic action (with cases of cure)," and the proving itself possesses no regular concordance, or complete index and analysis, but a full commentary, in which, to a great degree, these deficiencies are made good. To give our readers a clear idea of the alterations Dr. Hughes has made in Dr. Drysdale's model we quote freely from his own introduction:—

"1. While agreeing with what Dr. Drysdale has written about the grouping of the symptoms, I cannot with him think it necessary to place together all the symptoms which occurred simultaneously in a prover or case of poisoning. This requirement has led in his arrangement of *kali bich.*, and in Dr. Dudgeon's of *aconite* to most unwieldly groups, and has necessitated the appending an 'Index' to each section to break these up into their elements. The principle on which I have gone corresponds with that of the Cypher Repertory. It is that the whole assemblage of note-worthy symptoms occurring simultaneously should, indeed, be found under every heading where they can possibly be looked for; but that only the symptoms proper to each heading should then be given in full, the others being supplied by means of references. *E.g.*, Symptom 80 in the class 'Perception,' &c., gives the whole story of the delirium under which the patient laboured, while the references to symptoms 548, 954, and 1204 shew at a glance the coincidence of this disorder with others of the eyes, skin, kidneys, and so on. Again, suppose the symptom were a simple one, but placed under a different heading from that which might have been expected. It will then be contained in the list given at the beginning of each section.

"2. The difference of grouping thus indicated renders the Index adopted by Drs. Drysdale and Dudgeon, but not by Dr. Black, unnecessary. By the copious references given, by breaking up as minutely as possible the classes of symptoms, and by a full commentary on each section, I think I have made the task of searching for symptoms as easy as need be.

"3. The Concordance hitherto adopted by all my predecessors I have dropped for other reasons. Until the sources of symp-

toms cited by Hahnemann from authors have been examined, and until the materials from which he constructed the pathogeneses of his *Chronic Diseases* have been made known, I cannot conscientiously refer to even his lists as evidence that such and such a symptom has really been produced by a drug. Many of the later provings we possess are still less to be depended on with certainty. I could only ascertain concordances from a repertory, and any one who is so disposed may do this for himself. When I *know* that a morbid condition induced by *bella-donna* has also resulted from some other drug, I say so in the commentary, and make some attempt at comparison."

There is very much to be said on both sides of the question about the grouping or breaking up of symptoms; and Dr. Hughes's plan no doubt effectually provides for the careful collation of the scattered elements of a proving. Nevertheless where it is possible, it seems to us preferable to retain in their living power concentrated pictures of the drug effects, and not to break them up into different sections. The question indeed arises whether it would not be the most effective way of presenting a drug pathogenesis to give first the cases of poisoning, then the effects of small quantities of the mother tincture, and then those of the lower and possibly medium dilutions. A copious index would then form the means of ready reference, while the drug picture would still retain all the vivacity of life.

We regret also the absence of the concordance; it was always suggestive in a high degree; we did not expect absolute certitude from it, but it showed the points where different spheres of drug action were interwoven; and we think Dr. Hughes might have given it to us, granting at the same time to himself and to us a generous conscience clause.

Our space will not permit us for the present to touch on the sources from which this pathogenesis is compiled, nor on the well arranged text and simply admirable commentary. We trust at some future occasion to return to this subject. In the meantime we congratulate Dr. Hughes on his most useful contribution to our literature, and we hope that another of our polychrests will soon be taken in hand by the same excellent editor.

EXTRACTS FROM MEDICAL LITERATURE.

In the *British Medical Journal*, April 25, occur two cases entitled "*On Perchloride of Mercury in the Diarrhœa of Typhoid Fever*," by Mr. WALFORD, of Reading. They are most amusing cases, exhibiting the roughest allopathic treatment, followed when that failed to do good, by a rough form of homœopathy; the latter consisting of the administration of the solution of perchloride of mercury (*mercurius corrosivus*), in drachm doses (gt.

$\frac{1}{16}$), every twelve hours ; with successful results. He proceeds to remark :—"I see nothing unreasonable in the reasoning which led to the adoption of the practice. We all admit the special properties of different drugs and chemicals, whether we be solidists or humoralists, and this surely involves the capability of the different structures of the body being acted upon by the special properties of drugs." The reasoning above referred to he gives as follows : "The quantity passed from the bowels being so large, it appeared to me desirable to find some means of acting upon the mucous membrane of the intestines, and calling to mind the ulcerated condition of the lower end of the ileum and colon, I resolved on trying one drachm of the liquor *hydrargyri perchloridi* every twelve hours." Mr. Walford is on the right track, and it is a pity that he does not carry out the same reasoning in all his treatment.

In a former number of the Extracts we noticed the diuretic action of *copaiba*. In the *M. T. & G.* (May 9) a case is reported under the care of Dr. Moxon, in which this kind of influence was observed. The patient was a girl aged $11\frac{1}{2}$, suffering from general dropsy, dependent on cardiac disease with mitral regurgitation. Under the influence of digitalis she improved considerably, the bruit at the apex becoming inaudible, and the congested appearance of the face vanishing. The dropsy, however, remained *in statu quo*, sixteen ounces of urine only having passed in the twenty-four hours. *Copaiba* resin (x grs.) was added to the digitalis mixture, and in two days the amount of urine passed in twenty-four hours was two pints, and *copaiba* resin was detected in it. For twelve days the urine passed continued in the same proportion, but her dropsical appearance remained unaltered. *Copaiba* resin was now given uncombined with digitalis. During the ensuing seven days four pints were passed during each twenty-four hours, and the whole of the œdema disappeared. *Copaiba* was now discontinued, cod's liver oil and iron wine being substituted. She continued to gain strength, the urine passed in normal quantity, and in another fortnight she was discharged.

Among other medicines whose sphere of action has been defined by homœopaths, and whose special uses have been quietly appropriated by those physicians who habitually sneer at them, is *Gelsemium*. Drs. MACKAY and SAWYER, Physicians to the Queen's Hospital at Birmingham, have recently reported their favourable experience of its use in *Neuralgia* in the *B. M. J.* (May 2.) Of it the former writes, "In hospital out-patient practice we meet with a large number of cases of neuralgic pains in the face and jaws, associated with carious teeth, but unconnected with any evident local inflammatory changes. The patients are frequently badly nourished women.

In such cases I have given the tincture of *gelseminum*, in doses of fifteen minims every six hours, in an ounce of dill-water. Out of about twenty cases, I do not think the use of the remedy has failed to be followed by decided and lasting relief in more than three or four instances. The pain did not usually disappear till after the third or fourth dose."

Dr. Sawyer confirms his colleague as follows: "I have ample evidence of the power of *gelseminum* to relieve pain, especially—I do not say only—in branches of the fifth nerve; and medicines that relieve pain are the most valuable we can have. In toothache from caries or irritated nerve, I do not know that we often think of any but local treatment, unless sometimes aconite or large doses of quinine; yet in very many cases *gelseminum* will relieve markedly. Its use, as may be said of most neurotics, is not free from some danger; but I have only seen unpleasant symptoms once, and then from an American liquid extract in doses of five to ten drops (the dose marked on the label). These symptoms were dimness of vision, and extreme prostration. They soon passed, but may serve to remind that the evidences of the physiological action of the drug are, loss of sight, double vision, headache, paralysis. Several cases of accidental poisoning have exhibited these; the few recorded fatal ones were all of children to whom extravagant doses had been given.

D. D. B.

MEETINGS OF SOCIETIES.

LONDON HOMŒOPATHIC HOSPITAL.

THE Annual Meeting of the Governors and Subscribers of this Institution was held on the 28th of April in the Board-room of the Hospital: The Right Honble. Lord Ebury being in the Chair. His lordship was supported by Messrs. J. Boodle (Deputy Chairman), Crampern, Ellis, W. Vaughan-Morgan, Pite, Trueman, Rosher, Slater, Williams, Pope, Drs. Bayes, Yeldham, M'Kechie, Vaughan-Hughes, Drury, Hale, and others.

The meeting was opened with prayer by the Rev. N. BROMLEY, and the minutes of the last meeting having been read by the clerk, and confirmed, Mr. TRUEMAN (Official Manager) read the Report. This we are unable to give *in extenso*, but the following extracts will suffice, we trust, to give a clear idea of the present condition of the hospital.

"The total number of patients treated in 1873 was 7,539, of whom 475 were in-patients and 7,064 out-patients, showing, as compared with the return of 1872, a decrease of 10 in-patients, and an increase of 139 out-patients. The cause of the decrease of 10 in-patients arose entirely from the necessity of reducing the number of patients in the wards, during the period of carry-

ing out the improvements; for a few days, the total number was only nine. Since the wards were again opened, the number of applications for admission has been almost invariably in excess of the ability to receive; the total number of patients treated from the opening of the hospital to the 31st December, 1873, was 111,625."

The following paragraph exhibits the financial state of the Institution:—

"When the balance-sheet is before you in the report you will observe that the total expenditure on account of income is £3,468 1s. 8d. against £2,685 8s. in 1872, showing an increase of £782 13s. 7d.; but of this apparently large increase £627 10s. 3d. was expended in the improvements named, leaving, as just stated, £155 3s. 4d. as the actual increase of expenditure in the year. Moreover, it must be remembered that the amount for improvements, £627 10s. 3d. was provided for by special donations—viz., £500 as mentioned in last year's report, from Miss Barton, and £100 from a friend of the lady superintendent. Upon the score of expenditure the governors and subscribers will hardly be otherwise than contented. Turn we to the receipts. The total income of 1872 was £2,926 9s. 9d.; for 1873, £3,956 8s. 6d., showing an increase in last year's income of £1,029 13s. 9d. Of this increase £627 10s. 3d. was specially spent in improvements, and £378 has been invested, together £1,005 10s. 3d.; the further sum of £187 10s. 1d. has also been invested in furniture of various kinds. It will, therefore, be clear that taking the balance due to the bankers at the close of 1872, as has been named, £113 4s. 9d., and adding to this amount the increased expenditure of the year (£155 3s. 4d.), a sum of £268 8s. 1d. is reached, more by £51 than the balance due on 1st January to our bankers—viz., £217 8s. This £51, together with the amount of investment for furniture £187, amounts to £230, a sum which the board owe, in fact, in addition to the amount due to the bankers, to the improvement fund, borrowed from it to meet current expenses. To place the board in a just position these two amounts, viz., to the bankers and the improvement fund, £467 8s. must be met. The dividends are £7 16s. 2d. in excess of 1872; the subscriptions £4 7s. 6d. in excess, the registration fees £18 2s. in excess, the nursing fund £25 6s. 6d. in excess—all in excess of the parallel receipts of 1872. The Hospital Sunday Fund realised £239 11s. 8d., whilst the donations reached the large sum of £1,893 14s. 2d. Of this amount the following persons were the donors:—Miss Barton £500, a friend £100, £250 from another friend, all three amounts being together £850, for improvements; the Misses Smith £50; legacy from the late Dr. Cochran £45, a further sum under Lord Henry Seymour's will, £83; legacy Messrs. Bertie Parry,

£104 10s.; Society for Relief of Persons Imprisoned for Small Debts, £100. To these donors, thanks on behalf of the governors and subscribers have been given by the board. In addition, as has been before named, as part of the above sum of £1,893 14s. 2d., £481 2s. was received as proceeds of the special card appeal at the commencement of 1873. . . .

“The invested fund of the hospital, exclusive of house and furniture, amounts now to £8,977 17s. 9d. at a cost of £8,260 1s. 11d.”

The nursing arrangements which were put in force rather more than a year ago are referred to as follows:—

“It will be remembered that last year the board laid before the governors and subscribers an account of the change which has been made in the nursing of the hospital, and they expressed the feeling that that change had been beneficial to the patients. It is with great satisfaction that the board are now able decidedly to state that the improvement has been progressive; and that under the earnest and never-tiring care of the lady superintendent of nursing, Miss Bendall, the attention to the patients, the general well-being of the wards, and the conduct of the nurses, will vie with the nursing of the most approved hospital. The board wish the governors and subscribers to know that this is no partial statement of theirs, but that they have the testimony of many visitors, of numberless patients who have been examined carefully by the house committee as to their treatment (non-medical of course) in the hospital, as well as the board's own constant supervision of the wards. As human nature exists, there must be from time to time acts evincing want of sufficient thought—perfection cannot be looked for; but the board feel that now at any time the wards may be inspected by visitors without fear of complaint.

“It is with pleasure that the board can state that the reports as to the nurses sent out to private patients are most satisfactory. They are in constant request, and the receipts of the past year are by £25 in excess of those of the previous year.”

The report then announces the resignation of the Matron, Miss KEELING, who had held office in the hospital for thirteen years. We are pleased to observe that the board marked their appreciation of her services by presenting her with six month's salary on her leaving the hospital.

Mr. Stephens, one of the out-patient medical staff, has resigned in consequence of ill health, and his place has been filled by Dr. Washington Epps.

Mr. Stephens, we may here observe, has we are glad to know sufficiently recovered from his long and serious illness to allow of his resuming professional work in a somewhat milder climate than that of London, and he is now settled at Teignmouth in Devonshire. The deaths of two members of the

board, Mr. Hallett and Mr. Hampshire are recorded with much regret. To fill their places the board proposed Mr. Alan E. Chambré, and as a trustee in lieu of Mr. Hallett, Captain Vaughan Morgan.

After hearty expressions of thanks to the medical officers and the lady visitors, the approaching Bazaar is mentioned, and the board record "the gracious assistance which many have given, and they are satisfied that the governors and subscribers present will join with them in earnest endeavours to promote its success. This will enable the hospital, under God's blessing, to go on and prosper."

The meeting was then addressed by the noble CHAIRMAN, who said :—

"Ladies and gentlemen, it becomes now my duty—and I have had the pleasure of performing it year after year for a considerable length of time—to propose the adoption of the report which has just been read. The present report has a great family likeness to those which have been submitted here from time to time; but I am happy to think that though our figures may have been more or less favourable (as those of all such institutions must be), yet I have never had to propose, as far as I can recollect, the adoption of a report which does not show progress and advancement. It is true that that which has just been read speaks of some amount of financial difficulty, and no doubt that is the case. However, I am happy to say that in this report our wants are occasioned simply by the amount of money that we have been obliged to dispense for the purpose of effecting the necessary improvements in the hospital, and it simply requires a certain amount of exertion amongst the friends of this (as we think) admirable system of medicine, to enable us to report in future still further advantages and still further prosperity to our institution. (Cheers.) The report calls our attention to the state of our accounts at the end of the year with our bankers. That account appears in the last three years to have gone on from bad to worse, though there is nothing very formidable in the debt which we now owe to our bankers. We began, I think, with a deficiency of £42, from this to a deficiency of £113, and now we have, I am afraid, overdrawn our account to the extent of about £246. The meeting will doubtless recollect that, although the sum of money is due to our bankers, yet that we have been able to lay out a large amount of money with the funds entrusted to us in carrying into effect those improvements which were wanted, and which will greatly contribute to the curative power of our institution; and not only that, for although this sum is mentioned as a debt, yet at the same time we have, during the course of the year, invested in the public securities a sum at least equal to, if not greater than that which

we now owe to our bankers, and that we have only to cease investing for a short time to have no debt at all. (Hear, hear.) I think the committee are fully borne out in the wisdom of not having had recourse to that operation. It is much better to continue as they have done, and invest certain sums, trusting to the appreciation of the public and to the liberality of our friends in order to make up the deficiency. Our reserve, let me remind the meeting, is a very substantial one. It is getting on rapidly towards £10,000, and is yearly increasing our receipts. Our dividends year after year are becoming greater, and so also is our strength to meet any financial difficulties that the future may have in store for us. Therefore, let nobody be discouraged on that account. There is a sort of artifice, I observe, used in drawing up the report when talking of the necessity for repaying a certain £500. (A laugh.) The fact is that nearly half that sum is borrowed from our improvement fund. That is a fund that we have really the power to lay our hands on, and might fairly be reckoned as part of our current income. Therefore the deficit is not so formidable as it appears in that way. Nevertheless there is great room for continued exertion. We really have brought our hospital from small degrees to a state of very great efficiency, to a state which commands the respect, not only of those who are interested in it, but of those who would, were we to trip in any way, take note of it, and not be exceedingly sorry if the Hospital were to vanish altogether. (Hear, hear.) But instead of that we command their respect by showing, through the medium of our accounts, that we are gaining every year in strength and position, and that is the reason why we endeavour to obtain funds to keep our Hospital full, filled to the extent of its accommodation, because we could take more patients if we had more money, and could inaugurate further improvements. We could show two things if we had quite our full complement of patients (and you will have heard that the people who come here are in excess of those who can be accommodated), first, that the cost per bed would be smaller than it is at present, and next that our cases would take less time than now, because our hygiene having all the most approved appliances would naturally contribute to that result. We have made a great advance in one particular direction. If there is one thing more than another that I think our medical staff will agree with us in, it is this, that if you have good nursing you have gone half way towards a cure. (Hear, hear.) We all know the difficulties the hospitals in London have had in dealing with the case of nurses, and how absolutely necessary it is, if you wish to ameliorate the condition of the patient and soothe his feelings, to secure to him good nursing. I believe we may boldly say that the nursing of this establishment will compare favourably with that of most other hospitals in the country. (Cheers.)

We have every reason to be thankful for it. We find that our nursing system is so valuable that we are able to train nurses who come here, who, in their turn, are conferring an enormous benefit upon those sick people outside of the Hospital, as well as those who are in it. We are conferring the benefit on the outside sick by enabling them to have here good nurses, and thus we are not only serving them greatly, but also the interests of this Hospital, which derives considerable advantage from the fact of the payments for private nurses; and, mind you, we do all this without the slightest sacrifice to the good nursing of the patients that are in our house. The income of the ensuing year will depend very much upon the success of our bazaar. Our bazaars have been very successful in former times, and I have no doubt this year's one will be the same. At all events, we must look forward with cheerfulness, courage, and determination, in order to produce the results that we all desire—viz., large funds beyond the expenses which the bazaar will entail. We have been very fortunate in one respect; we have the happiness to have in one of her Majesty's officers one who is very well disposed towards the system pursued by homœopathic practitioners, and he has given us the use of the Riding School at Knightsbridge for our bazaar. (Cheers.) I think the present report is one which you will all look upon with much gratification, and I have great pleasure in moving its adoption. (Cheers.)

Colonel FORBES seconded the motion, which was carried unanimously.

Dr. BAYES moved "That the cordial thanks of this meeting be given to the board of management, the treasurer, and the sub-treasurer, for the very satisfactory way in which they have conducted the affairs of the Hospital during the past year." He thought the efficiency of the Hospital, viewed as an infirmary, was every year on the increase, as shown by the growing numbers seeking admission, and also as a dispensary, as shown by the many patients who came to seek relief. The subscription and donation list was, moreover, one which reflected a great deal of credit upon those who had sought aid; but, at the same time, when he considered the number of lives that had been saved by the homœopathic system, and the very large number of persons who had been rescued through it from prolonged sickness, he certainly thought that their subscription list was smaller than it should be. The usefulness of the hospital was also very great to the medical men attached to it, though it appeared to him to be still deficient as a school of homœopathy. They had not brought it prominently forward as such, but now that the hospital had become firmly established, he thought they might venture in that direction. If the Board could appoint one or two officers, and give them the appointment of clinical professors, it would be, in his opinion, a step in the right direction.

Dr. MACKECHNIE seconded the motion.

Mr. A. R. PITE returned thanks on behalf of those included in the resolution. The great struggle of the Board was with their finances, the whole of their deficiency being comprehended in the one expression in the report, "ways and means." He hoped that the questions raised by Dr. Bayes would be thoroughly investigated. He certainly went with him so far as to think that the work of the hospital and of the system generally should partake more of an aggressive character than it had hitherto done.

Mr. POPE moved: "That Mr. Ellis, Mr. Humphreys, Mr. Prescott, Mr. Rosher, and Mr. Trueman, the members of the Board who retire by rotation, be re-elected." He remarked that some of these gentlemen had been connected with the Hospital from the commencement, and each of them had exhibited an active interest in its welfare, and a determination to promote its efficiency. No institution was better entitled to an enlarged support than this one. He could bear most willing testimony to the truth of what the noble lord in the chair had said in reference to the nursing system.

Dr. HALE seconded the resolution. He remarked that none of the officers would object to deliver clinical lectures.

Mr. Alan Chambré was then elected a member of the Board of Management, in the place of the late Mr. Humphries; Captain Morgan a Trustee in that of the late Mr. Hallett; and Dr. W. Epps a member of the External Medical Staff, vice Mr. Stephens, resigned. With votes of thanks to the Lady Visitors, the Medical Staff, and the Chairman, the proceedings were brought to a close.

NOTABILIA.

THE CONGRESS.

WE have in our first article entered so fully into the arrangements which have been made for the meeting which is to take place at the Hospital on Thursday next, that it is unnecessary to recur to them.

The prospects of a large gathering are, we may state, most encouraging, and we have every reason to expect that the number of medical men present will be greater than at any previous meeting of the kind.

The papers read will, on this, as on former occasions—with the exception of the President's address—be limited to twenty minutes in reading, and the speeches in discussion must be restricted to ten minutes.

A luncheon will be served in the officers' dining-room of the Hospital, and the dinner will take place at six o'clock at The

Pall Mall. The room engaged is that in which Mr. and Mrs. German Reed used to give their well-known and much-admired entertainment. The dinner ticket (7s. 6d.) is included in the Congress subscription of 12s. 6d. The luncheon will also be provided without any expense to the members of Congress.

Gentlemen who attend are requested to enter their names in a book which will be in the hands of the Secretaries, and to pay their subscription before the commencement of the President's address. For this purpose the secretaries, Dr. Gibbs Blake and Mr. Pope, will be in attendance at the Hospital at ten o'clock.

HAHNEMANN PUBLISHING SOCIETY.

The annual meeting of this society will take place on Wednesday evening at the Hospital in Great Ormond-street at six o'clock, when it is hoped that the attendance of members will be large, as the business to be transacted is both important and considerable.

THE BRITISH HOMŒOPATHIC SOCIETY.

The annual assembly of this society will be held to-morrow (Tuesday) and on Wednesday at the Hospital.

The private business will commence each evening at seven o'clock, and the reading of papers at eight.

On Tuesday evening Dr. Mackechnie will read a paper on *A Form for Taking Cases*; and Dr. Edward Blake one on *Lupus and its Treatment*, illustrated by photographs.

On Wednesday evening, Dr. Bayes, vice-president, will deliver an address.

As some medical men, not members of the Society, may be in town for the Congress, it is hoped that members may avail themselves of their privilege and introduce them as visitors at eight o'clock each evening.

THE BAZAAR.

Following closely upon the medical meetings of this week, The Bazaar in aid of the funds of our Hospital will be held at the Riding School, Knightsbridge Barracks, during Thursday, Friday, and Saturday in next week.

The collection of articles for sale is large and beautiful, and will amply furnish ten attractive stalls. The ladies who have kindly consented to take charge of the stalls are—The Marchioness of Ailesbury, the Countess of Sefton, the Countess Cowley, the Lady Adelaide Cadogan, the Countess Sidney, the Lady Emily Dyke, the Lady Alfred Paget, Lady Hillary, the Lady Ebury, Mrs. Cameron, Mrs. Yeldham, Mrs. Vaughan Morgan, Mrs. Leadam, Mrs. Neville Wood, Mrs. Bayes, and Mrs. Trueman.

Messrs. Veitch, of the Royal Exotic Nurseries, will present a handsome flower stall to decorate the entrance of the marquee.

Everything that can conduce to attract a large and distinguished assembly of visitors, to promote their gratification, and to stimulate their liberality, it has been the earnest endeavour of the committee to devise and carry out. We trust that the success of the bazaar itself, and of the Fine Arts Distribution to take place in connection with it, will be such as will abundantly reward the labour and anxiety entailed upon those who have devoted themselves for so many months to rendering both advantageous to the excellent charity it is designed to aid.

DR. CONSTANTINE HERING'S "CORRECTION."

In the March number of the *American Journal of Homœopathic Materia Medica*, Dr. Constantine Hering publishes an article entitled "A Correction," in which he endeavours to point out, *more suo*, what he regards as errors in our review of his *Materia Medica*.

He tells us that he "never was a pupil of Hahnemann, never saw him except at a distance, never spoke to him. He exchanged a few very important letters with him, of which nearly all passed long ago into other hands." Very modestly he declines our "commendation" of his having done so much for the spread of homœopathy in the United States, as we gave him credit for having done. This reclamation notwithstanding, we are inclined to believe that few, if any, have done more than he has done, that few, if any, worked harder in the early days to extend a knowledge of homœopathy throughout the great republic than he did. In this, we feel sure, we shall have the support of all the senior homœopathic physicians in the "States."

He then protests against his having supported the peculiar theories and doctrines of Hahnemann. All we can say in reply is that the various essays by Hering which have come under our notice at different times during the last five-and-twenty years force upon us a different conclusion.

"All," he writes, "turns around the question: How provings on the healthy should be made useful in healing the sick? This question, we of course allow, is an open one." This is very considerate indeed of Dr. Hering, and we are proportionately obliged to him for having conceded so much.

He presently adds: "As we let our esteemed Drysdale, unmolested, come out with his thin quartos, framed according to his views, why should we not dare to come out with our thick octavos, made up in another way?"

If Dr. Drysdale was wrong in the framing of his thin quartos,

it was manifestly the duty of those interested in the publication of a complete and trustworthy *Materia Medica* to point out his errors. We do not recognise the right of any man to publish "unmolested" a work on a matter of such vital importance to the success of the physician, the safety of patients, or the reputation of our school of medicine, as a volume of provings, if that volume is to a large extent misleading. Made up in the way it is, we believe Dr. Hering's thick octavo is misleading to a very considerable extent, and such being the case we felt bound to say so.

The most amusing statement in the rejoinder of our venerable colleague is his declaration that he "never attacked any man!" "Never Noack," "never Trink;" "not Roth in Paris;" "and still less, the much-admired author of '*Organopathy*.'" Then in a couple of paragraphs, as if in a great hurry to eat his own words, he writes: "Why does our critic make his list of indecently-attacked great men so short? He does not mention Hirschel. . . . Hirschel was twice more severely attacked than any of the rest. . . . The scribbler Kleinert . . . was also attacked," and so on. We had no idea of cataloguing all the worthies who during the last fifty years have incurred the wrath of Dr. Hering; our space would not admit of our doing so, even if we had any desire of presenting their names to the public.

It would have given us real pleasure to have been able to warmly commend Dr. Hering's work to the confidence of our readers. But this pleasure Dr. Hering would not allow us to enjoy. We gave the reasons which debarred us from accepting it as an authority in *Materia Medica* and guide in practice; and nothing appears in Dr. Hering's "correction" which admits of our altering the opinion regarding this book we expressed in our February number.

LONDON HOMŒOPATHIC HOSPITAL.

WE have heard with much regret of the retirement from the office of Physician to this Hospital of Dr. LEADAM; one of its earliest officers, and one whose long service there has been characterised by thorough efficiency, and by his devotion to the discharge of his responsible duties.

The post thus rendered vacant is that of Physician for the department of Diseases of Women. To fill it two candidates—Dr. BURWOOD and Dr. COOPER—are already in the field. The former distinguished himself at University College by his success in this portion of the field of medical study, and the latter is well known to the readers of this *Review* by his many and useful contributions to its pages.

CORRESPONDENCE.

THE HOMŒOPATHIC PHARMACOPŒIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—We have read with interest the correspondence in your pages between Drs. Hughes and Drury on the vexed question as to whether the crude substance or the mother tincture should be taken as the zero. Dr. Hughes maintaining the former, and Dr. Drury the latter proposition. As Dr. Hughes in his second letter puts the question to pharmacutists, we are glad of the opportunity of offering a few remarks in reply to his statements, “the principle of the nomenclature of the attenuations which I advocated, obtained in all other countries, and in the whole of Homœopathic literature up to 1870.” “I must ask our chemists whether they have not carried out Hahnemann’s directions in this country; and if not, why not?” We gather from Dr. Hughes’ letters in the first place that he is under the impression that the process he advocates, viz., taking the *crude substance* as zero in making the attenuations, is identical with that advocated by Hahnemann; and upon that impression he wishes to know why chemists have not adhered to that process. We think we can show that Dr. Hughes is in error on the point, and here subjoin a literal translation taken from *Reine Arzneimittellehre*, 3rd edition, 1873, “Directions for dilution of *Pulsatilla*.” We have taken *pulsatilla* simply as a type of the class of medicine chiefly under discussion, viz., those prepared by expression of the juice. “The expressed juice of the fresh green total plant is to be mixed by agitation with equal parts of spirits of wine. After deposition of the sediment, the clear portion is to be poured off, and of this two drops are to be put into the first of thirty dilution glasses (each three quarters filled with ninety-nine drops of spirits of wine), and the stopped-up glass held in the hand is to be potentized with two shakes of the arm from above downwards. This is to be labelled the first dilution or $\frac{1}{100}$. Of this one drop is to be put into the second glass, labelled second dilution or $\frac{1}{10000}$, and so on.”

It is clear from these directions that Hahnemann used the *expressed juice*, not the crude drug, as the zero, although he starts with a curious error, in adding ninety-nine drops, instead of ninety-eight, to the two drops of equal parts expressed juice and alcohol. This is Hahnemann’s first attenuation $\frac{1}{100}$. Now what would Dr. Hughes’s be? He set out with the axiom that “the attenuation should be so designated as in all cases to express the proportion of the *crude drug* they contain,” there-

fore the difference in strength between the first centesimals of Hahnemann and Dr. Hughes would be in the case of fresh plants, the same as that between the expressed juice of a plant and its dried crude substance, and in the case of tinctures prepared from *dry substances*, Dr. Hughes's first centesimal would be exactly five times the strength of Hahnemann's.

Let us see how far Homœopathic chemists have adhered to Hahnemann's directions. We believe we are right in stating that up to the appearance of the *British Homœopathic Pharmacopœia* in 1870, the Homœopathic pharmacopœia of Jahr and Grüner had been for twenty years the standard alike in England, Germany, and America. The directions there given for the attenuations are as follows, viz., one drop of the *alcoholic* essence or "mother tincture" to be added to ninety-nine parts of spirit, to form the first centesimal dilution. Here, then, we have the first centesimal, one in one hundred from the *alcoholic* mother tincture, in contradistinction to Hahnemann's *expressed juice*. Why Hahnemann's exact directions were discarded, we are not able to say, but most likely on the ground of that want of uniformity which the method of Jahr and Grüner supplies.

The compilers of the *British Homœopathic Pharmacopœia* of 1870 took the whole question into consideration, finally deciding as we think wisely, to retain the mother tincture as a starting point, calculating that with very few exceptions it shall contain one grain of the dry plant in every ten minims.

All practical pharmacists know the great difference both in strength and reliance between expressed juice and crude substance, the former varying both according to time of year, locality, weather, and time of expression, while the latter, as a basis, is thoroughly reliable and exact.

Thus, whether in the case of plants more or less succulent, or dry animal and vegetable substances, we have one uniform standard of strength for the mother tincture, that term being understood to represent "the strongest solution of any substance which cannot be prescribed in the crude state." We must, therefore, agree with Dr. Drury that such a change as Dr. Hughes suggests, viz., doing away with the first decimal dilution altogether, and retaining the present mother tincture merely as an undefinable intermediate dilution between the crude substance and the first centesimal, the latter bearing no definite relative strength to the mother tincture, would effect a complete "revolution" being equally opposed to the teachings of Hahnemann, and those of our subsequent pharmacopœias.

We are, Gentlemen,

Yours faithfully,

THOMPSON & CAPPER.

Liverpool, May 12, 1874.

NOTICES TO CORRESPONDENTS.

° ° We cannot undertake to return rejected manuscripts.

We have received a communication from Dr. BLUMBERG, formerly of Southport, informing us that he is now residing at KREUZNACH, and that he is prepared to receive at his house there a few children from 6 to 13 years of age, to superintend their health and educate them with his own. The baths of Kreuznach are celebrated for their cure of strumous disease.

Dr. BRADSHAW, of Nottingham, requests us to acknowledge the following subscription to the Marston Orphan Fund:—

Dr. Flint, Norwich £2 2 0

Dr. DUNCAN, Chicago.—We much regret that we have not space to insert your brief note requesting the observations of English homœopathic physicians respecting the nature, causes and treatment of Cholera infantum. As, however, it only arrived late in May, it would have been impossible for our colleagues to have furnished the desired information in time for the meetings of the American Institute, to commence to-morrow.

The publication of letters of Dr. HAUGHTON and Mr. R. EPPS is unavoidably postponed.

Communications, &c., have been received from Dr. DIXON, Great Ormond-street, London; Dr. MORRISON, London; Mr. TRUEMAN, London; Dr. HAYWARD, Liverpool; Dr. E. BLAKE, Reigate; Dr. BRADSHAW, Nottingham; Dr. DYCE BROWN, Aberdeen; Dr. SHARP, Rugby; Dr. R. HUGHES, Brighton; Mr. J. C. THOMPSON and Dr. SIMPSON, Liverpool, &c.

BOOKS AND PERIODICALS RECEIVED.

The Hahnemann Materia Medica. Part III., containing Belladonna, by Dr. R. HUGHES. Turner & Co., London.

Ophidians: Zoological Arrangement of the different Genera; their Poisons; their Galls as Antidotes to the Snake Venom, &c. By S. B. HIGGINS, S.A. Bœricke & Tafel, New York. 1873.

Case of Stone in the Bladder. By RICHARD EPPS, M.R.C.S. Eng. London: J. Epps. 1873.

The Homœopathic World, May. London: Jarrold & Son.

The Chemist and Druggist, May. London.

Calcutta Journal of Medicine, Jan. and Feb. Calcutta.

The Medical Investigator, April. Chicago.

The Am. Journ. of Hom. Mat. Med., March and April. Philadelphia.

The Hahnemannian Monthly, April and May. Philadelphia.

New England Medical Gazette, May. Boston.

Bibliothèque Homœopathique, April. Paris.

Revue Homœopathique Belge, May. Brussels.

Allgemeine Hom. Zeitung, May. Leipsic.

Internationale Hom. Presse, Bd. IV. Hft. 5. Leipsic.

La Reforma Médica, April. Madrid.

El Criterio Médico, April and May. Madrid.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E., or to Dr. H. NANKIVELL, Penmellyn, Bournemouth. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

RECENT HOMŒOPATHIC MEETINGS.

THE "Faith," which a few weeks ago the *British Medical Journal* assured its readers lay a-dying, has, during the past month, given very tangible evidence of its existence. Homœopathy is not dead, neither are its advocates sleeping, as a brief glance at the proceedings of various meetings which have taken place during the past month will show. We will take them in the order of their occurrence. The annual assembly of the BRITISH HOMŒOPATHIC SOCIETY was unusually well attended, the determination of its members to utilise its resources in furthering the means at our disposal for the improved study of homœopathic therapeutics was never more clearly or practically evinced, and its session was appropriately concluded by an excellent Address by Dr. BAYES, the senior vice-president.

The HAHNEMANN PUBLISHING SOCIETY gave full proof of re-animation. The work which has been completed during the past year is both good in quality and satisfactory in amount, while that which is in progress is still more abundant, and will, we trust, be such as to stimulate a large increase in the numbers of a Society which is

second to none in the importance of the work it has undertaken to do, although it would seem to be but comparatively little known. What work, we should like to be informed, can be of higher consequence to homœopathic physicians than a *Materia Medica*, containing thoroughly reliable records of the physiological action of drugs; than a *Repertory* or index, which shall enable the physician to ascertain with rapidity the drug which produces the greatest similarity to a given group of symptoms, or than a volume which shall point out in a clear and trustworthy manner those medicines which have been found to be homœopathic, to different diseases, and to the various phases of each, such as the *therapeutic part* promises to be. Let those who would feel disposed to speak slightly of the Hahnemann Publishing Society, examine the provings of *aconite*, *arsenic*, *bichromate of potash*, *nitrate of uranium*, and *belladonna*, it has issued, and tell us where they can gather information regarding the actions and uses of these drugs, equal in practical value, or more thoroughly trustworthy than in these quartos. Strange and perplexing as the repertory may appear at first sight, it is as capable of being used to discover a "simile" between a drug and a group of symptoms as any other, while it has the advantage over all other repertories of having been most carefully prepared by physicians fully competent to the task. No homœopathic physician can we think read the article on *Rheumatic Fever*, by Drs. Drysdale and Gibbs Blake, in our number for last September, without wishing that he had a book at his disposal containing similar articles on all forms of disease. Such a book it is that the Society, the claims of which we are advocating, has in course of preparation. We commend the study of the published work of this Society to those who know it not, and its earnest

support to all who can appreciate sound and practical therapeutic literature.

Following rapidly on the meeting of the British Homœopathic and Hahnemann Publishing Societies came the CONGRESS. This annual gathering was, as we anticipated it would be, very much more numerous attended than on any previous occasion. One gentleman who was present recalled the first meeting of homœopathic practitioners he attended in London, when, as he said, those present would have sufficed to form a whist party, with one or two to "cut in." Considerably more than double the number of medical men present at Leamington met at the Hospital on the 4th ultimo. The Address of the President, Dr. DUDGEON, was listened to with the deepest attention and the warmest interest by all who heard it. Seldom has it been our lot to hear an address more full of wit and wisdom, of pungency and power, than that delivered at the opening of the Congress. We trust that it will be widely circulated. The papers by Dr. DYCE BROWN and Dr. EDWARD BLAKE were thoroughly practical, and gave rise to useful discussions. That of Dr. HALE belonged more to the theoretical or speculative order. Subjects of this class are perhaps less adapted for discussion in an assembly such as that which met on the occasion on which Dr. HALE's paper was read, than others which deal with the everyday work of the practitioner. Be that as it may, the essay produced was one deserving the closest attention from all who would desire to see theoretical and practical medicine go hand in hand. Dr. Hale was, moreover, as clear and simple in his exposition as could be desired, and we are sure that his paper, when it appears in our next number, will receive that careful study which it so thoroughly deserves.

We much regretted that Dr. SCOTT's paper on *Aloes*,

and a very excellent essay, kindly forwarded from Calcutta by Dr. SIRCAR, *On the Treatment of Malarious Intermittent Fever*, could not for lack of time be read. Five o'clock had arrived ere the discussion on Dr. Edward Blake's paper had concluded, and a heavy day of constant work had had its usual effect upon all who were present.

The proceedings terminated with an excellent dinner at the Pall Mall in Regent Street, at which all assembled appeared heartily to enjoy themselves.

A week later, and the vitality of homœopathy was again asserted by a Bazaar, held under the highest patronage, honoured by Royal visitors, abundantly supplied with articles for sale by a large and liberal body of supporters, on behalf of the London Homœopathic Hospital. The success of the sale, in a pecuniary sense has, we believe, been most gratifying, and we are glad to know that our Hospital will profit largely by the exertions which have been so generously made in its support.

Thus by the number of its adherents, by the earnestness displayed by them in the cultivation of therapeutics, and by the successful efforts made to sustain an institution specially devoted to the practical demonstration of its value, homœopathy has during the past few weeks given abundant proof that it still lives and thrives, in spite of an opposition the most protracted, the most unscrupulous in the use of its means, the most determined and relentless in its character, the most regardless of every feeling of honour and of honesty that ever assailed the promulgation of any scientific truth hitherto made known.

THE INFLUENCE OF HOMŒOPATHY UPON GENERAL MEDICINE SINCE THE DEATH OF HAHNEMANN.

By R. E. DUDGEON, M.D.

Being the Presidential Address delivered at the Congress of British Members of the Medical Profession practising Homœopathy, held in London, June 4th, 1874.

GENTLEMEN,—Thirty-one years have elapsed since the death of Hahnemann, and I trust you will not consider it time misspent if I devote the hour allowed me for my presidential address to a rapid review of the principal changes that have taken place in the general practice of physic during this period, which may fairly be attributed to the influence of Hahnemann's teachings and the example of his disciples.

Up to the date of Hahnemann's death in 1843, it must be admitted that the effect of his doctrine and practice on the ordinary treatment of disease was inappreciable. The practice of medicine remained pretty much as it had been at the commencement of the present century. The abstraction of blood in acute inflammatory disorders by leeches, cupping and venesection was regarded by most orthodox practitioners not only as allowable but as indispensable. The depleting treatment attained its climax in the *coup sur coup* venesections of the illustrious but sanguinary Bouillaud. Purgation by the most drastic cathartics was regarded as the appropriate medication in almost every case. Mercurialization to the extent of salivation was still in vogue. Counter-irritation by blisters, rubefacients, issues, setons and the actual cautery was in daily use. Sudorifics, diuretics, emetics and so-called alterative treatment were universally employed. The great aim of the practitioner seemed to be to abstract his vital fluids from the unfortunate patient. The veins, the skin, the liver, the bowels, the kidneys and the glands were tapped simultaneously or in succession. As in the time of Molière, "*seignare, purgare, clysterium donare*" and all the allied forms of depletion were held to be the proper remedies for the most diverse diseases!

If, now and then, the observation of a better result

obtained by the followers of Hahnemann led a stray practitioner to express a doubt respecting the propriety of the ordinary depleting methods, his scepticism was resented by his orthodox colleagues, and the crass humoralism that prevailed was irreconcilable with a method which professed to cure without the evacuation of any of the fluids of the body.

The great and learned Hufeland could not deny that brilliant cures were effected by the mild specifics of homœopathy; but, while admitting so much, he deprecated the adoption of this method, exclaiming that if it should prevail it would prove "the grave of science." It might be supposed that that science was scarcely worth keeping above ground which failed to cure patients as well as its unscientific rival.

In this country the eminent surgeon, Mr. Kingdon, gave mortal offence by extolling the anti-inflammatory virtues of aconite, which had been taught him by a disciple of Hahnemann. He predicted that the time would soon come when aconite would supersede venesection, and "our lancets would be allowed to rust in their cases." An outcry was raised at this heretical vaticination, and the medical periodical which takes its name from the maligned instrument poured all the vials of its wrath on the head of the rash author, who was fain to recant his heresy in order to escape more serious consequences. Since then lancets have everywhere been rusting in their cases to the unspeakable advantage of the patient-world.

The favourable, though limited, testimony to the success of homœopathic treatment given, with all candour, by the most eminent of modern surgeons, Mr. Liston, fell upon unwilling ears. Liston was too great a man to be bullied, and too courageous and independent to be made to retract a well-considered opinion, so he was let alone, and his testimony in favour of homœopathy quietly ignored.

So, in spite of the occasional protest of some distinguished member of the dominant school, the practice of that school remained uninfluenced by Hahnemann's teaching up to the time of his death. Every description of heroic practice (which, being interpreted, means violent interference with the normal processes) had its advocates. The most perturbing methods were held by physicians to be—what they euphemistically termed—their "sheet-anchors" in various affections. Thus, in inflammatory

diseases, bleeding was the sheet-anchor of one set, tartar-emetic the sheet-anchor of another, calomel the sheet-anchor of a third, purgatives, sudorifics, vesicants, diuretics, the sheet-anchors of as many other sets. Other diseases had an equal or greater number of sheet-anchors. How such destructive processes ever came to be called "sheet-anchors" it would be hard to tell; or why "anchors" at all—"torpedoes" seems a more appropriate name for them, as they were designed to blow the disease to bits—but they just as often sent the patient to the bottom.

With faith so strong and so universal in these perturbing methods—which, moreover, harmonized with the gross humoral pathology of the day—it can scarcely be wondered at that the general body of practitioners received with incredulity the allegations of their brethren who had investigated Hahnemann's system, relative to the curative powers of medicines which exerted no disturbing influence on the patient's system, which drew off no fluids and excited no irritation of healthy parts. Impossible, they believed, to cure a disease without evacuating the *materies morbi*. If patients were alleged to be cured by such a preposterous method—one of three things—either the doctor had made an erroneous diagnosis, or he had given secretly some heroic remedy, or he had deliberately stated what was false. Thus, practitioners of homœopathy were credited by their orthodox brethren with being fools or knaves, or both.

There is a great deal to be said in excuse for this attitude of the ordinary medical man towards Hahnemann's system and its practitioners in the early days of homœopathy; for, after all, there is a great deal of human nature in doctors; and, touch their beliefs, or, as some would say, their prejudices, and they will behave pretty much as their non-medical fellow-creatures will do under similar circumstances. Now, in those days, the orthodox doctor had a belief. His *credo* might be formulated something in this fashion: "I believe in the remedial powers of bleeding, purging, puking, salivating and sweating." He had, as we know, no foundation for his belief—no evidence—only tradition; but we know that beliefs are not less stubbornly held because unsupported by evidence.

His belief was time-honoured, traditional, extending up through the great lights of the profession—Cullen, Boerhaave, Sydenham, Avicenna, Celsus, Galen, Hippocrates,

Æsculapius—to the obscurity of pre-historic times, when men were taught by the dog how to give an emetic, by the hippopotamus how to bleed, by the sacred ibis how to administer a glyster.

He was so satisfied with the correctness of his belief that it never occurred to him to put it to the test of experiment. Or perhaps, like Don Quixote, with his patched helmet, he was so determined to believe in its soundness, but yet so doubtful if it would stand the test, that he deliberately refrained from proving it by a blow from the sword of experiment. He accordingly, like the Knight of La Mancha, took its soundness for granted. He would have deemed it the height of presumption to leave an inflammation without the bleeding, the blistering, the tartar emetic or other time-hallowed antiphlogistic treatment; and, if a medical coroner, he would unhesitatingly have directed the jury to return a verdict of wilful murder, or at the least of manslaughter, against any practitioner whose patient had died of inflammation unbled, unblistered, or unantimonialized.

With such strong convictions, it was inevitable that the orthodox practitioner should receive with incredulity the accounts of patients being treated successfully for serious illnesses by a method that produced absolutely no physiological effects on the patient, but only cured his disease without evacuations and without vicarious irritations.

He would believe anything tending to impeach the credit of the homœopathic practitioner, sooner than what would prove his own beliefs to be without foundation, and his practice—that practice transmitted to him through the greatest authorities of all ages—to be useless or worse.

Accordingly he was ready to credit every calumny brought against those who were seeking to overthrow his creed. And the writers of books and medical periodicals were not slow in supplying him with the material he was so willing to receive. Homœopaths, he was told, were unprincipled, dishonest, ignorant cheats and charlatans; though perhaps his fellow-students, and not undistinguished for their medical attainments at college, and their upright behaviour before they investigated homœopathy, he was told, and he professed to believe, that this investigation had caused them to become so ignorant that thenceforth they were unable to tell trivial complaints from

serious diseases, or so dishonest that they would not scruple to represent slight disorders as the gravest maladies. The homœopathic system was caricatured and represented to be a monstrosity of folly and absurdity, which no one in his senses could believe, or could practise if he did believe it. All who prescribed medicines on homœopathic principles—nay, all who associated professionally with those who so prescribed, were held to be guilty of such flagrant immorality that they must be expelled from every medical society, and denied all professional intercourse with the orthodox. The courtesies and amenities of life were to be refused to any one who practised the hated system; the columns of the medical periodicals were to be closed to any reply to the frequent and scurrilous attacks made upon homœopathy and its practitioners; their advertising pages were not to be open to receive the announcement of any works, even on subjects apart from therapeutics, by those who acknowledged the principle of homœopathy as a guide to the treatment of disease. The examining boards of the colleges were converted into inquisitorial Star-chambers, and their diplomas were denied to candidates suspected of homœopathic leanings or who refused to promise never to practise homœopathy. Unworthy intrigues were set on foot to oust Henderson from his chairs of clinical medicine and pathology. Distinguished physicians were summarily expelled from hospitals they had served with honour and success, because they sought to give their patients the benefit of homœopathic treatment. Laws were passed by colleges and societies denouncing all who prescribed medicines according to the principle of similars as unworthy of association with those who prescribed differently. A medical bill was introduced into parliament, one main object of which was to put down what was called “irregular practice”—meaning thereby homœopathy. This object was fortunately frustrated by the vigilance of the practitioners aimed at, but the design was not the less apparent. Inquests held on the bodies of patients who had died under the care of homœopathic practitioners—for they would occasionally be so perverse—resulted in the finding by jurors under the direction of medical coroners of verdicts of “manslaughter,” and in one notorious case a verdict of “wilful murder” was, by the direction of Coroner Wakley, the brilliant editor of the trenchant *Lancet*,

or rather, I should say, by that of his son and deputy, recorded against a practitioner whose own brother had died of Asiatic cholera while nominally under his care—but not really so—for, when the case took an unfavourable turn, the unfortunate practitioner was himself prostrated by an attack of cholera. It was, in truth, a glorious triumph of orthodox physic when the culprit was consigned to a cell in Newgate to await his trial for his life, nominally for the murder of his brother, but actually for his therapeutic heresies. To relieve the minds of those of you who do not remember the facts of the case, I may mention that on this occasion the majesty of “crown’s quest law” was not vindicated by the culprit’s ignominious death on the scaffold, but that he was speedily released by a grand jury, which thus showed itself devoid of all proper feeling for the maintenance of orthodoxy in medicine.

I have recalled these circumstances to your recollection in order to show you that a conviction of the efficacy of a certain therapeutic method was stigmatized and punished as though it had been a felony, and this, not because this method was proved to be disadvantageous to the sick, but simply because it differed in some important features from the methods generally professed. The only evidence available showed that it was much more successful in its results than the ordinary treatment.

I may recal to your mind an incident illustrative of my assertion that the hostility of the old school was not owing to the failure, but apparently rather to the uncommon success of the homœopathic treatment. It made a profound impression at the time, and gave occasion to the writing of one of the wittiest and most humorously satirical articles ever penned against the attitude of the old school towards homœopathy, by that most profound of modern mathematicians, the late Augustus de Morgan, which you will find in the 13th vol. of the *British Journal of Homœopathy*. When, after the cholera epidemic of 1855, the House of Commons ordered a return of all cases of cholera treated in the London Hospitals, the College of Physicians, to whom was assigned the task of collecting these statistics, deliberately refused to admit the returns from the London Homœopathic Hospital—then in Golden Square—into their report, on the ground that these returns “would compromise the value and

utility of their"—i.e., the College's—"averages of cure;" the fact being that, while the mortality in the hospitals patronized by the College was 36 per cent., that of the London Homœopathic Hospital was under 16½ per cent. The cases admitted into the London Homœopathic Hospital were certified by the Medical Inspector of the Board of Health—who declared that he was prepossessed against homœopathy when he began his work—as being "all true cases of cholera in the various stages of the disease, that he saw several cases that did well under the treatment, which, he had no hesitation in saying, would have sunk under any other."

But in spite of denunciations, persecutions, caricatures, calumnies, *suppressiones veri*, *suggestiones falsi*, and coroners' inquests, the practice we owe to the genius of Hahnemann gained daily in public estimation. In medical matters the public looks only to results, and this test applied to homœopathic practice showed it to be, in numerous cases, vastly more successful than the ordinary treatment.

The growing confidence of the patient-world in homœopathy, together with the brilliant successes obtained by the practice among their own circle of acquaintances, as well as in public hospitals—more particularly the Homœopathic Hospitals of Vienna, which were visited and reported on by delegates from their own body—gradually forced upon the dominant school a reconsideration of their own methods of treatment.

They could not, or would not, admit that homœopathy was a positive method of medical treatment. They held it to be purely negative, the treatment of disease without medicine. Its undoubted success, its marked superiority to the ordinary methods in many of the most serious diseases, insisted on by so many of their quondam patients, and testified to by the investigations of eminent men of their own school, such as Sir William Wilde, of Dublin, in his work on Austria, and Sir John Forbes in the *Medical Review*, forced on them the enquiry as to the real value of their own perturbing methods. "As homœopathy," they argued, "is a mere negative—a do-nothing—treatment, perhaps its greater success in the treatment of disease is owing to its abstaining from those heroic measures which we have hitherto considered our sheet-anchors."

They therefore began to try how diseases would fare

without being interfered with by active treatment. They found that their patients recovered all the faster. One of their number, Dr. Dietl of Vienna, instituted a crucial experiment on a grand scale in a large hospital at Vienna, of which he was the physician. He selected pneumonia, or acute inflammation of the lungs, as his test disease. The first series of cases he treated by bleeding in the accredited manner; 20 per cent. of the patients died. The next series he treated *secundum artem* with tartar emetic; again 20 per cent. died. The third series he left to nature; 7 per cent. only died. The publication of the results of this carefully conducted experiment gave the *coup de grace* to the old heroic practice, and a tremendous fillip to the so-called expectant or let-alone system, which had hitherto been practised in holes and corners, so to speak, but which now became the almost universally acknowledged creed of allopathy.

Here was an explanation of the success of homœopathy! It was but the expectant method with a pretence of giving medicine! It may be thought that the old school would have felt some gratitude towards its young rival for teaching it to cure its patients better by ceasing to make use of practices that did more harm than good, and that orthodox practitioners would have shown some compunction for their treatment of their homœopathic colleagues. But those who think such a result should have followed only betray their ignorance of human nature, of which, as I before said, there is a great deal in medical man. It is easy enough to forgive those who *tell* us we are wrong, but very hard to pardon those who *prove* us to be so—so homœopathy was abused in medical circles more virulently than ever. The fearful dishonesty of its practitioners in pretending to give remedies when it was obvious that they did nothing of the sort, was the text of many a homily in the medical periodicals, and the paltry persecution of homœopaths by the denial of all professional courtesy was carried on as vigorously as before.

Still the fact remained that owing to the results obtained in homœopathic practice, the time-honoured perturbing treatment of the old school was almost entirely abandoned. Lancets were actually rusting in their cases, cuppers were forsaking their avocation for some more remunerative and haply less sanguinary trade, leeches were left to disport in their native marshes, or only kept in

bottles for the sake of their barometrical properties, blister-beetles were no longer captured by sackfuls, or at most, only used by hairdressers and milliners for cosmetic and ornamental purposes, drastic purgatives remained unasked for on the chemist's shelf, and sudorifics and emetics were a mere drug in the market.

The whole practice of medicine was changed with remarkable rapidity. The mildest drugs were alone employed. Treatment became at once "restorative" and "supporting." Diseases were all weaknesses requiring strengthening treatment. Tonics, nutritious food, and alcohol in every form, as wine, stout, ale, and brandy, were the fashionable medicines.

The complete change that took place in pathological ideas no doubt helped to produce this revolution in medical practice. The investigations of physiologists and pathologists completely discredited the gross humoral pathology by which alone the treatment of disease by evacuants could be justified. The general acceptance of the doctrine of the dynamical nature of disease gave the death-blow to all those monstrous forms of evacuant treatment which owed their origin to an antiquated materialistic pathology.

But some who conformed to the change of practice that discarded all the heroic treatment of former times were not willing to admit that the vigorous treatment of previous years was erroneous. They would not allow that they and their illustrious predecessors had been altogether or at all wrong in their treatment of inflammatory diseases by the violent antiphlogistic methods of bleeding, blistering and the like. To admit the fallibility of themselves or their professional ancestors in the matter of therapeutics would be to derogate from the honour of the profession, and to bring it into contempt. Of course they were right in their present treatment of acute disease by mild restorative medication, but they were equally right when they formerly treated the same diseases by bleeding and other evacuant measures.

A sort of Œcumenical Council was held at the College of Physicians of Edinburgh, whose members issued a decree declaring that the Medical Faculty was now and had always been infallible and unchangeable, and that it was disease that had changed, not they. "Change of type of disease" was the shibboleth that was to reconcile

the altered practice with the recognised infallibility of the faculty, that was to smooth all difficulties and efface all apparent inconsistencies.

It was actually gravely contended that, within a few years, inflammatory diseases had so completely changed their type, that, whereas patients labouring under them formerly required to be treated by depletion, they could not now stand debilitating treatment, but needed to be supported and strengthened by tonics and stimulants. In short, human nature, it was asserted, had so altered that the self-same disease which was formerly a proof of excessive strength demanding all sorts of weakening processes, was now an evidence of excessive weakness calling for all manner of strengthening remedies. It cannot but be a matter of just pride to a graduate of Edinburgh to reflect that this ingenious theory was first put forward by the professors of his *alma mater*.

This "change of type" notion was received with acclamation by medical writers and journalists, and at one time seemed on the point of being universally accepted as the true solution of the difficulty, and a ready method of accounting for the change of practice without admitting the influence of homœopathy in the matter. To any one disposed to be cynical, it was as ludicrous a sight to witness the wild enthusiasm of old and grave doctors over the revelation of this scientific mare's nest, and the intellectual capers they cut round the supposed dead body of homœopathy, as it must have been to his townsmen to see the great mathematician rushing naked through the streets, and shouting "eureka!" like a maniac. But there was an excuse for Archimedes which our allopathic opponents did not possess, viz., that his was a real discovery. It enabled him to detect the fraud of the king's goldsmith; but the imaginary discovery of Alison and Co. did not enable them to convict their homœopathic brethren of deceit.

The chorus of mutual congratulations on the wonderful discovery had scarcely subsided, when the whole theory was upset by a few unenthusiastic sceptics, who pertinently—or as some thought *impertinently*—asked for proofs of the alleged change of type of disease. These were, of course, not forthcoming, so that the talk about "change of type" quickly subsided into ignominious oblivion, and its authors found themselves covered with ridicule, in place of glory.

The fact is, as has been fully pointed out by members of our school, an inflammatory disease, such as acute inflammation of the lungs, though an excellent subject for demonstrating the pernicious effects of the depleting treatment, contrasted with a purely negative treatment, is not so well adapted for showing the positive value of the homœopathic treatment. If not improperly interfered with, pneumonia is by no means a very fatal disease, and a comparison of the results under the expectant system and under homœopathic treatment offers nothing like the disparity to be found in a comparison of the expectant with the depleting system. The difference between 20 per cent., the mortality under the depleting plan, and 7 per cent. that under the expectant method, is much more striking than the latter per centage, and 4 per cent., the mortality under homœopathic treatment. Henderson pointed out that homœopathy possessed the additional advantage of curtailing the duration of the disease. Still, the superiority of the homœopathic, over expectant treatment in pneumonia was only obvious after careful investigation. When merely the comparative mortality of the two systems was regarded, it seemed as though there was but little difference between the two, certainly not nearly so great an advantage of homœopathy over expectancy as of expectancy over the ordinary depleting treatment. Hence it was scarcely an unnatural inference that the superiority of homœopathy over ordinary treatment was mainly attributable to the same cause that accounted for the better results of the expectant treatment, viz.: the non-interference with the disease by depleting and other debilitating procedures.

The experience of Dietl in pneumonia, repeated as it was in many different quarters, and extended with like striking results to other inflammatory diseases, created an unduly favourable opinion of the expectant or do-nothing treatment of all diseases, and for a long time the leaders of medical opinion contended that all active medicinal treatment should be discarded, and that the sole duty of the physician should be to remove from the patient everything that was likely to interfere with the natural course of disease, to place him in the hygienic conditions most conducive to recovery, to attend to his diet and regimen, and to support his strength by generous food, and a more or less liberal use of alcoholic stimulants. In short, that the

physician's chief duties should be a sort of combination of the offices of nurse and cook, and all medicinal interference was deprecated as being useless or even pernicious. In fact, medicine accurately corresponded to the sarcastic description of it given by Mephistophiles to the enquiring student, which we read in the first part of Goethe's *Faust*, and which I may freely paraphrase as follows :—

The secret of med'cine is : Nature's vast forces
You study in all their relations to man,
And when you have done this, your only right course is
To leave them to fight it out just as they can.

But it was impossible that such negative doctrines could obtain any wide-spread or permanent popularity among either the profession or the patient-world. The public naturally thought that the *raison d'être* of the physician was to *cure*, not merely to *nurse* disease. Medicines were justly held to be his curative instruments. The belief in the curative effects of medicines was too deeply implanted in men's minds to be annihilated in this fashion. Patients objected to having their diseases let alone. They had much faith in the remedial powers of drugs, and but little in those of nature, and they insisted on their doctors sharing their faith in physic. Some doctors who had lost their belief in medicines, had acquired a firm persuasion of the remedial virtues of stimulants, and, under the leadership of the late Dr. Todd, a system of treatment by alcoholic preparations was carried on, the consequences of which were in many cases most deplorable.

The school which arrogates to itself the titles of regular and orthodox, since it has discarded the traditions of its art and discredited the heroic practices so long in vogue, has devised no stable substitute for the treatment it has abandoned. The treatment by excessive alcoholic stimulation was unable to survive the distinguished man who was its ablest and principal exponent. In a modified form it still prevails here and there, but its professors are more cautious in its employment, and patients are acquiring a well-founded dread of it; so it may with confidence be predicted that it will soon be thoroughly discredited.

But now a new phase of medical treatment is coming into play. A faith in drugs is reviving, and though the progress of physiological and pathological knowledge forbids the revival of the old depleting and evacuant prac-

tices, an active search is being made for remedies of another sort, and new "sheet-anchors" are taking the place of the old ones which went to the bottom in the disastrous shipwreck of traditional medicine. Expectancy which for a time, as we have seen, threatened to become the general rule is now denounced by those who lauded it. Indeed Harley, who is prominent among specific-seekers, declares expectancy as he declares homœopathy to be "the offspring of ignorance and deception."

There are still some who do not yet put any lively faith in the curative powers of drugs. Thus a learned lecturer, whose business it is to teach the *Materia Medica* to the rising generation of medical students at Guy's Hospital, the other day told his audience who had come to learn from him the curative properties of drugs, that the giving of medicines had just as much to do with the cure of diseases as the "oh-he-yoi!" of a gang of sailors has to do with the progress of the rope at which they are hauling.

Bromide of potassium at one time threatened to assume the character of a universal panacea, but is now rapidly going out of fashion. Chloral hydrate has almost superseded it, but already we observe signs of its waning popularity.

These are mere examples of fashionable medicines, employed for no special indications, but given like stimulants and tonics for merely general indications. It was, to be sure, at one time hoped that the first named salt would prove a specific for epilepsy, but even this hope has gradually died away.

Of late years, however, there has been a manifest tendency to search for real specifics, *i.e.*, medicines that produce their remedial effect without evacuation. The progress of physiological and pathological knowledge has tended more and more to upset the Sydenhamian doctrine, "that a disease is nothing more than an effort of nature, who strives with might and main to restore the health of the patient by the elimination of the morbid matter."—(*Sydenham's Works*, I. p. 29.)

The pathology of modern times has been gradually coming into accord with the homœopathic therapeutics. And this, I take it, is a remarkable and unique phenomenon in the history of medicine, that the therapeutics in consonance with a pathological theory should have pre-

ceded the theory. It would not be far from the truth to say that the therapeutics in this case was the cause of the pathological theory. At all events, it is hard to imagine that the rational pathology of our times would ever have been invented or adopted by a race of believers in the virtues of bleeding and other evacuant treatment.

Hahnemann saw that the pathological theories of his time would not square with his therapeutics, so he was forced to reject them and substitute more appropriate pathological theories of his own. But Hahnemann, though a good observer was an indifferent theorist, and whilst his rule of treatment remains his pathological theories have for the most part fallen into oblivion.

Hufeland's prophecy has been fulfilled to a degree he little dreamt of, for homœopathy has proved "the grave of science"—of such science, pathological and therapeutical, as prevailed in his day, and could Hufeland see the state of medicine now-a-days, he would find the pathological theories and therapeutical methods he professed and practised all decently buried, and the master-spirits of medicine holding pathological views and pursuing pathological investigations in a way that must inevitably lead them, indeed has already led them partially, to adopt therapeutical practices in the sense of the principle promulgated by the illustrious contributor of so many original articles to his *Journal*.

He would see Trousseau practising homœopathy under the euphemistic title of "*médecine substitutive*." He would find Harley writing of belladonna that "its stimulant action is converted in febrile diseases into a tonic and sedative influence," and explaining this phenomenon thus: "Two similar effects, the one arising from a local irritation, and the other from the presence of belladonna, like spreading circles on a smooth sheet of water, interfere with and neutralize each other;" which is an explanation of homœopathic action that has been given in almost the same words by members of the school of Hahnemann. He would see Ringer choosing his remedies for the same indications as those laid down by Hahnemann. He would notice the repeated injunction by allopathic writers to prove medicines on the healthy in order to ascertain their remedial powers in disease, and he would find this advice occasionally acted on by eminent men of the orthodox persuasion. In short, he would observe that medical prac-

tice was undergoing a complete revolution in the homœopathic sense.

There is no possibility of denying the fact that the chief medical authorities of the present day have for some time past been teaching that the physiological action of drugs must be studied in order to enable us to ascertain their therapeutic powers, and that medicines must be given which have a specific action on the self-same parts as the diseases for which they are remedial—this is the therapeutic principle, *similia similibus curantur*—in other words, homœopathy.

Most of you are familiar with the instances of this recommendation of the physiological proving of drugs in order to obtain a knowledge of their therapeutic uses, adduced by Henderson in his celebrated letter to Forbes. But these instances are stale. I will show you that the same plan is still advocated by partisans of the old school. The latest example you will find in the *Medical Record* of the 13th May last. Dr. Hull, of Philadelphia, there says, using the very expression introduced into the language by homœopathists: “When we proceed to investigate the therapeutic powers of a new agent, there are two general heads under which our studies should be conducted. 1. *Prove* its effects on a healthy organism. 2. After having determined its physiological action, proceed on general principles to elicit its remedial powers. A knowledge of drug action on the healthy organism enables us to form some idea of its adaptability to morbid states,” &c. Unfortunately neither Dr. Hull nor his allopathic *confrères* who have seen the necessity of proving medicines and made attempts to do so, are content to give us a simple record of the effects observed. They must always overlay them with an attempt to give a physiological explanation of the symptoms—a laudable aim in itself, but for which their meagre provings afford them no sufficient data. They stiffen and glaze their simple material of provings, as the Manchester manufacturer faces his calico, with an elegant coating of pseudo-scientific devil’s-dust, which does not add to its practical usefulness, for it is the genuine fibre of symptoms that is alone useful at the bedside, where the artificial gloss of physiological explanation is got rid of as soon as may be.

As for the treatment by homœopathic remedies by conspicuous members of the old school, what do my

audience think of the following specimens of therapeutics, culled from the hospital practice of a distinguished lecturer on Materia Medica in University College and physician to University College Hospital, which were communicated to me by a student who had no knowledge or prejudice in favour of homœopathy? Half-drop doses of tincture of aconite in febrile disturbance, $\frac{1}{20}$ th of a grain doses of corrosive sublimate for mucous and bloody stools, $\frac{1}{10}$ th grain doses of hepar sulphuris for inflammation and threatened suppuration of the cervical glands, two-drop doses of the tincture of hamamelis for bleeding piles. Or what do they think of this advice given to his pupils by a lecturer on Medicine at St. Thomas's Hospital and a physician to the hospital? He told them, as the *British Medical Journal* informs us, that they were not "to allow prejudice to blind their eyes against certain remedial measures recommended by good authority, simply because they may have originated among homœopathists." Note the covert sneer implied in the antithesis of "good authority" and "homœopathists." It is as though a lecturer at the beginning of the century had said "do not allow prejudice to blind your eyes against the prophylactic virtues of vaccination recommended by many eminent London physicians, simply because the practice may have been originally proposed by an obscure provincial doctor."

While our medical brethren of the old school are thus inculcating and practising the methods and principles of Hahnemann, and while they are daily pilfering from his materia medica, they still pose themselves as our opponents. Whilst adopting the processes and instruments of homœopathy, they affect to despise and condemn it; they never mention the name of homœopathy without a sneer. They still exclude us from their societies, they still deny us professional intercourse, their organs in the press still misrepresent and caricature our practice. And yet all the while the columns of their journals teem with cases treated by homœopathic remedies which could only have been known to the authors from homœopathic sources. Provided these authors never mention the word homœopathy, or only mention it coupled with abuse, their homœopathic articles are commended, the writers are respectfully spoken of, they are honoured by the medical societies, they fill posts of dignity and emolument in the hospitals and col-

leges, and are even appointed professors of therapeutics, while their chief glory is derived from their unacknowledged borrowed homœopathic plumes. Those who furtively avail themselves of the medicines given to us by Hahnemann's genius, while they openly revile the giver and continue to enjoy the emoluments and rewards of old physic, might fairly parody the words of Francis, and exclaim, "*Rien n'est perdu fors l'honneur!*"

But let a medical man give due credit to Hahnemann, let him truthfully confess that it is to homœopathy he is indebted for the remedies he finds so efficacious in disease; then at once all the medical periodicals of the dominant school are closed to him, medical societies exclude or expel him, he is deposed from his hospital appointments, deprived of his professorship, or, at the least, he loses all chance of obtaining any of the posts of honour that are generally supposed to be open to the profession and bestowed on the worthiest. In addition to this he loses professional caste and is regarded as unworthy of professional intercourse. Nay more, the Medical Directories refuse to publish the names of his medical writings or his appointments, and the medical periodicals deny him the right to advertise his works—even such as have no bearing on homœopathy—in their advertising pages. There are some conspicuous exceptions to the worst of these petty persecutions, but, as a rule, dishonest pilfering from homœopathy is applauded, while an honest avowal of obligations to homœopathy is vilified by the chief organs of medical opinion. Whatever may be the case in other walks of life, in the medical world as at present constituted, honesty is apparently *not* the best policy.

When homœopathy was new, and when the prevailing practice was still of the pernicious depleting character, and in fact so bad, that, as Sir John Forbes said, "it must either mend or end," it was easy to see that the partisans of old medicine would view the spread of homœopathy as fatal to their system, so it was natural that they should oppose it tooth and nail.

But now that the depleting system is almost universally abandoned; now that a more scientific pathology points to specifics of the homœopathic class as the most hopeful source of new remedies; now that the dominant school is daily enriching its *materia medica* by purloining from ours, it is difficult to see why the old antagonism to the school of Hahnemann is still kept up.

The honest though ignorant belief in the pernicious effects of homœopathic treatment of the practitioner of thirty years ago, has degenerated in his modern and more enlightened representative into a paltry trades-union jealousy, which encounters us not by arguments or experiments, but by the ignoble arts of detraction and calumny, accusing us at one time of letting our patients perish by withholding all remedial means, at another of killing them by administering virulent poisons.

I beg Dr. Moxon's pardon for asserting that our opponents do not now encounter us by arguments, for doubtless he considers the following passage, which I cull from a recent introductory lecture on *Materia Medica and Therapeutics*, as a smashing argument against homœopathy:—

“When like has any strictness at all, it means identical. It means that or nothing. Follow me carefully for a moment. A thing that is entirely like another thing is entirely identical with it. A thing that, without being entirely like another thing, is yet like it for some purposes sufficient for the meaning at the time, is *identical* so far as those purposes are concerned. In short, likeness is identity *so far as the word like has any force*. Stones of the same shape and size are alike for the mason; if they are of different durability, they are not alike for the house-owner. ‘Yahoos’ are like men for the purpose of being laughed at. Thus likeness may be defined as *identity for the purpose in question*. Yet the term like is, from boyhood, used so fast and loose, from the likeness of equilateral triangles to the likeness of Jack to a monkey, that, when the boy grows into a homœopath, he is ready to attach any meaning to like, from identity to the most fanciful resemblance. Now, in a general way, people believe that unlike things oppose each other, whether these unlike things are diseases or any other things. Such a notion is not worth much, unless you apply it strictly; but, in the only sense in which it has a strict application, it is an identical proposition; for you mean really opposite by unlike, or else you do not mean anything definable. You mean opposite so far as unlike; so that your proposition is that opposite things oppose each other so far as they are opposite—a proposition of infantile simplicity: true, surely, and cogent wherever applicable.”

The learned lecturer's notions on the subject of “like” and “opposite” seem rather hazy. Probably it may assist his understanding of the matter if I draw an illustration of the two propositions from this very passage of his amusing lecture. If I say it is “very like” nonsense,

and the "exact opposite" of a sound argument against homœopathy, I believe few will be disposed to disagree with me. The old nursery riddle, "What is likest to a cat looking out of a window?" with its answer, "A cat looking into a window," might have taught Dr. Moxon that likeness, so far from always involving the idea of identity, sometimes coexists with opposition. The confusion in the learned lecturer's mind on the subject of likeness reminds us of the intelligent African who declared Cæsar and Pompey to be "bof bery like, 'specially Pompey." The impossibility of answering such arguments seriously must be my excuse for departing from the grave style which ought to characterise your president's address. But even the wise Solomon admits that folly may sometimes be treated homœopathically. Dr. Moxon's arguments, however, are the wisdom of Solomon compared with the way in which homœopathy has always been treated in the medical societies, whenever the subject has been brought before them. All pretence of argument is eschewed, and the evening is passed agreeably in the recital of stories about homœopathy, of the "cock and bull" order. The latest instance of this is fresh in all your memories. It happened in the youngest of the metropolitan medical societies, the Clinical Society, which was established a few years back on superfine scientific principles. The members of this society had a lively discussion on homœopathy a short time ago, which, of course, as they were all of one mind on the subject discussed, they had all their own way. Each member tried to trump the narrative of the previous speaker by some more harrowing recital of the atrocities perpetrated in the name of homœopathy. Curiously enough the stories told were mutually contradictory. Thus, while one member stated that the homœopathic medicines contained large doses of poisonous drugs, the next speaker asserted that he had it on the best authority—that, namely, of a discharged assistant to a homœopathic chemist—that the globules and tinctures contained no medicine at all. He was followed by an eminent physician, Dr. A. P. Stewart, who gravely repeated the old story first promulgated some thirty years ago by the notorious travelling doctor for Bradshaw's Continental Guide, Dr. Edwin Lee—by the by, the youth on the side of the Tweed Dr. Stewart comes from, when they hear an improbable story, are in the

habit of exclaiming, "That's a *lee!*"—but that is neither here nor there, though the same cannot be said of Dr. Lee, for he is here and there and everywhere. Well, Dr. Stewart came out with the great old Lee story of a certain Italian duke having died after swallowing three globules. There is the uncertainty usually observable in allopathic stories against homœopathy in the details of this case. The very name of the duke is variously stated as Canizzaro and Canigaro. The only thing certain about the matter is the three globules, which, being white, cannot be identified with the three black crows of another equally celebrated story. At the risk of divulging a secret that may hereafter be used against homœopathy, I will mention the real name of the party who fell an untimely victim to the three globules. It was no duke, not even an Italian, nor yet a man, but an English lady of the name of Harris, who may be heard of on application to a distinguished member of the sisterhood of monthly nurses, whose name I forbear to mention from motives of delicacy which I am sure you will appreciate.

What does this exclusion and professional excommunication of homœopathists mean? It means that a majority of the profession allege that some of their colleagues, who possess the same qualifications as themselves, who have been educated at the same schools and walked the same hospitals, are unworthy to be regarded as members of an honourable profession—are, in short, immoral individuals, with whom it would be ignominy to associate. And why? Because this excommunicated minority, taught by careful experiment, are convinced that many diseases are best treated by medicines which direct experiment shows are capable of acting on the same parts as are affected by the disease—a rule of practice which the majority only acknowledge in the case of a few diseases, as they have no experience either for or against the validity of the rule beyond these few diseases. The most exalted virtue could scarcely contend that there was aught of immorality in the belief that a great many—instead of only a few—diseases are best treated by medicines that act similarly to the morbid cause; and yet it is for so believing that we are treated by our colleagues in a so-called liberal profession as though we were guilty of some unpardonable moral delinquency. It may be all very well for non-professionals to laugh at this ridiculous persecution, but

for us who are its victims it is no laughing matter. There is *odium theologicum* enough in the established church; but though the majority can call the minority bad names, they cannot deprive them of their places of emolument and honour. But the *odium medicum* of the established medical hierarchy, besides abusing, can very materially punish those whom it chooses to stigmatize as heretics.

E pur si muove! And yet homœopathy goes on and continues to modify and leaven the whole lump of general practice. The rising generation of medical men are continually being taught to cure diseases homœopathically by their medical instructors. The professor of *Materia Medica* in University College writes a highly lauded book on therapeutics, two-thirds of which are pure homœopathy. Black, Thorowgood and many others recommend bits of homœopathic practice without mentioning the hated word. Wilks filches from us while he abuses us; like Pistol munching his leek, "he eats and eke he swears." Harley pursues investigations into the action of medicines, and finding himself unexpectedly in agreement with the conclusions of homœopathists, deems it the correct thing then and there to denounce homœopathy as "the offspring of ignorance and deception."

At the rate things are going on at present, and under the guidance of his respected teachers, the medical practitioner will soon be practising nothing but homœopathy; but as his teachers carefully keep him in the dark, he will be practising it as M. Jourdain talked prose, without being at all aware of it.

The assimilation of modern practice to that of Hahnemann's followers is indeed admitted by one of the most recent lecturers on *materia medica*, Dr. Moxon, of Guy's Hospital, who says that "the practice of professors of homœopathy no longer differs from that of doctors who do not admit its absurdities." He means, of course, to imply that we have altered our practice in the direction of that of the orthodox school; but the inaccuracy of this statement scarcely requires to be pointed out. Is it we who have adopted bleeding, emetics, purgatives, diaphoretics, blisters, cauteries, salivation? or is it they who have abandoned these practices? Have we discontinued the search for specifics, or is it they who have begun to seek for them? Is there any one among us who could speak in such opprobrious terms of any of Hahnemann's thera-

peutic teachings as Dr. Moxon speaks of the boasted "rational system?" He calls it the *deductive system*, and thus he inveighs against it:—

"The plan assumes that we know enough to act upon about the causes of disease. Gentlemen, it is difficult to speak in measured terms of the horrible results that have followed from this fatal assumption. It is this *irrational deduction* which has been the curse of medicine in all ages. This deduction, so irrational, is drawn from principles generally entirely false, and always so incomplete as to be beyond all bounds insufficient, so as to be worse than false in their effects, even if true in themselves, yet you hear some describing the deductive, or the so-called rational system as the pride of medicine. And those who have said this are so great, and so justified in feeling what the pride of medicine really is as a sensation, that one must submit; only replying, that if it be the pride of medicine, it has been the fatal curse of patients who have been hurried into the next world with the lancet or brandy-bottle on rational principles."

What is this but an amplification of Sir Astley Cooper's celebrated saying: "the art of medicine"—alluding, of course, to the allopathic art; he was not acquainted with homœopathy—"the art of medicine is founded on conjecture and improved by murder"?

After this fierce tirade against the rational system by a distinguished champion of that school which has so long arrogated to itself the title of "rational," we may bear with equanimity what he says about homœopathy, even when he raves about "the width and blackness of this disreputable blot on modern medicine."

Rational medicine being thus openly discarded with horror and contempt, and specific homœopathic treatment being furtively taught from the professorial chairs of the dominant school, and clandestinely practised in its hospitals, the general acceptance of our therapeutic principle must sooner or later inevitably follow; and we, who have consistently maintained that it is the true principle to guide us to the discovery of specific remedies, will then no longer be regarded as heretics, but as the pioneers of progress in medicine.

We have never accepted the position of sectarians which our opponents have endeavoured to impose on us, for in fact we have never been sectarians. We contend that we are simply physicians to whom the whole field of medicine is open, who are interested above all in the cure of

disease, and who are ready and anxious to adopt every means whereby that object may be attained. In pursuing this object we have become convinced that medicines chosen according to Hahnemann's rule are the best remedies yet known for most diseases. If it can be shown that we are mistaken in this matter, and that there is some better rule for selecting remedies we are willing to accept it, but we refuse to give up our tried and valued rule for the less successful and lawless empiricism of our opponents.

If there are sectarians in medicine, the partisans of the dominant school rather deserve the appellation, who, while professing to avail themselves of the whole field of therapeutics for the cure of diseases, explicitly except that large class of remedies that act on the same organs and tissues as the morbid cause, though the efficacy of these remedies is testified to by the thousand-fold experience of large numbers of their medical colleagues, and many of their own favourite remedies are of this character whether they know it or not.

Hence we contend that we, and we only, are the true representatives of progressive medicine, and we protest against our exclusion by a sectarian and bigoted majority from those institutions and societies that were founded for the cultivation and improvement of the healing art, certainly not for stereotyping the prejudices of any medical sect.

We look forward with confidence to the good time coming when homœopathy shall be universally acknowledged as not only one of the recognized methods, but as the very best method of treating most acute and chronic diseases, where medicine is required, and when ignorance of homœopathic treatment will be held to be as disgraceful as a knowledge of it is at present deemed disreputable.

The medical art is not yet so perfect as to be able to dispense with the active co-operation of all its labourers. Quite recently an eminent authority of the old school has publicly declared that the present state of therapeutics is "deplorable." We agree with him, as regards the therapeutics of his school, and are ready to give the most satisfactory proof that the selection of remedies according to the principle of similars, renders the results of medical treatment considerably less "deplorable." Nothing but

a false pride, owing to their having originally taken up a false position with regard to homœopathy prevents our brethren of the allopathic sect availing themselves of the means we offer them, and admitting our experience to be of equal value to their own.

We gladly avail ourselves of all the substantial improvements introduced into medical practice. We profit by the researches of the physiological school, and we hail with satisfaction the development of a more rational pathology, as they all tend to confirm the rationality of specific treatment. We employ with advantage the improved means of diagnosis afforded by the ophthalmoscope, the laryngoscope, the microscope, the stethoscope, the sphygmograph, the thermometer, and chemical analysis. Let our present opponents behave towards us with equal liberality and candour. Let them put our therapeutic method to the most stringent tests they can devise. We are content to abide by the result. If this should prove favourable, as we do not doubt, let them adopt so much of our practice as experience shall show to be good, and the existence of homœopathy as a separate school of medicine will cease. There will then be no allopathy and no homœopathy, but one medicine which will comprise all that is of approved value in therapeutics. There will be no homœopaths and no allopaths, but only medical men combating disease by the best known remedies. The homœopathic principle will be recognized as the rule whereby real curative specifics can be discovered, while the allopathic methods whereby some great physiological disturbance is effected will be assigned their secondary place as a make-shift practice, indispensable, no doubt, in some cases, to enable us to tide over a difficulty and clear the way for the specific curative treatment. We are at one with our old school colleagues in the great and important division of medical treatment, *hygiene*, which includes diet, regimen, and all sanitary conditions, why should there be variance among us in the other great division of medical treatment, *therapeutics*?

We in this country who believe in the excellence of the homœopathic treatment of disease, have always acted as if we expected our colleagues of the old school to share our belief some time or other. It is by no wish of ours that the enmity that is apparent between the two schools exists. We have assumed no aggressive attitude towards estab-

lished medicine. We have never sought to rear schools and colleges for the teaching of homœopathy as something apart from medicine, but have always looked forward to the adoption of our therapeutics by the existing schools and colleges. We have not flaunted our particular banner defiantly in the faces of our opponents. If we have set up periodicals with homœopathic titles, that was because the existing medical periodicals were closed to us, though open to all who chose to vituperate and calumniate us. If we have formed ourselves into homœopathic societies, that was because we were excluded and expelled from existing medical societies. If we have published homœopathic directories, that was because the existing medical directories refused to record our works and appointments. If we have established homœopathic hospitals, that was because we wished to show the success of homœopathic treatment to all enquirers, which can only be done in a hospital, and because the wards of the existing hospitals were shut against us. The small scale on which our hospitals are conducted shows that they were not meant as rivals to the existing hospitals.

We are not responsible for, and indeed have always set our faces against, the well-meant but injudicious attempts of enthusiastic lay adherents of homœopathy, who at its first introduction into this country sought to propagate it by methods admirably adapted no doubt for promoting the sale of an article of commerce, but which are less suitable for the propagation of a medical doctrine, and which doubtless increased the prejudice of the profession against homœopathy and its practitioners, though we, as I said before, and by "we" I mean all British homœopathic practitioners, were entirely innocent of these unprofessional proceedings and always protested against them.

The conciliatory and non-aggressive spirit in which homœopathy has always been advocated by its professional adherents in this country, and in every country of the old world, makes it appear that homœopathy on this side of the Atlantic is in a very stationary and dead-alive condition compared with its extremely demonstrative activity on the other side of the Atlantic.

While the number of professed practitioners of homœopathy in this country is under 300, the United States of America, with a population not much greater, has at least ten times as many homœopathic practitioners.

While we have no schools or colleges for teaching homœopathy, America has several colleges entitled to confer degrees, and which do actually turn out many scores of graduates every year. While we have but one hospital of any considerable size, the one in whose hospitable board-room we are assembled, and which cannot make up much more than half a hundred beds, there are in America many hospitals for general diseases and several for special affections. Again, whilst this great metropolis can hardly raise £2000 by a bazaar for its homœopathic hospital—let us hope that the bazaar to be held this month may prove more productive—the comparatively small town of Boston in New England recently raised for a homœopathic hospital in that town by a bazaar the magnificent sum of nearly £20,000.

What is the cause of this great difference? We are an eminently conservative race, preferring to *stare super vias antiquas*, unwilling to change our old fashions and our old laws—*nolumus leges Angliæ mutari*—and often sticking to the shadow after the substance has departed. This conservative feeling renders the public suspicious of new systems of treatment, and it has its influence on the methods we adopt for propagating the truths of homœopathy. We persist in considering ourselves as forming an integral part of general medicine, which is guilty of self-mutilation in excluding us; we assert our right to be admitted on equal terms to a share of all the honours and emoluments in the bestowal of the legally established medicine of the country, and we have no wish to set up any colleges or schools with sectarian appellations.

But it is otherwise in America. In that young country, where there are no old colleges, no time-honoured societies, no venerable periodicals, no hoary hospitals, where, if there is a preference in the national mind, it is in favour of what is novel—it was quite natural that homœopathy should set up its colleges and societies, its periodicals and hospitals side by side, and in distinct rivalry with the existing institutions of the old creed; for in that country one man is as good as another, and things may almost be said to be venerable in the inverse ratio of their ages. The novel system in America rapidly extended its branches in every direction, and enlisted at first starting a vast number of enthusiastic minds, who soon brought homœopathy almost up to an equality with the old school in the

number of its adherents and in influence. But while we admire the real and substantial improvements and additions to our knowledge in *Materia Medica* and therapeutics that have been made by our transatlantic co-believers, we cannot but observe that the sectarian attitude assumed from the first by them has led some of them to run to extremes, which they would scarcely have done had they not cut themselves so completely adrift from the old vessel.

I do not allude to the eccentricities of some of our American brethren in any pharasaical spirit of affected superiority to such weaknesses. I only refer to them in order to point out that we have avoided such extremes by our adhesion to the idea that we belong of right to the established medicine of the country, and by having always endeavoured to act on the prudent maxim: "Behave towards your enemy as if you thought he might one day be your friend."

This spirit, which prevails not only in this country but throughout the old world, has no doubt its disadvantages. It has rendered us much less enthusiastic in working out the development and improvement of our special branch of therapeutics, in comparison with our American colleagues. While they have added scores of new, some of them well-proved and valuable remedies to the *Materia Medica*, our contributions in the same line are scarce worth mentioning. Our literature is insignificant in quantity compared with theirs, and we possess no means of training up youthful medical men in a knowledge of homœopathy.

A little more of the American zeal and industry would certainly be far from undesirable among ourselves. There is great danger of utter stagnation in the matter of the development of our therapeutics throughout Europe. Northern Germany, which when homœopathy was young assisted so materially in its growth, and furnished so many zealous workers at its development, seems to have subsided into a state of otiose contentment with things as they are, and makes but little effort to advance the system that took its rise in her midst. Austria made a noble effort to increase our knowledge of the action of drugs some thirty years ago, but for near a quarter of a century she has hardly given a sign of her vitality by any literary or scientific work, though during that time two Congresses have

vainly tried to galvanize her into life. Hungary is the only country in Europe where homœopathy seems to be in a very vigorous state. With its two chairs in the Pesth University and its wards in the general hospital, it seems to occupy a position that should satisfy its partisans. Other countries of Europe seem to be pretty much as we are ourselves. Each has had its spasm of activity, and each has now subsided into the dulness of indifference or content.

But in spite of the absence of noisy demonstrativeness, I am convinced that in none of the countries of the old world is the real progress of homœopathy very far behind what it is in America. While the new converts of the States come out of the old ranks in an ostentatious manner and enrol themselves openly among the adherents of the new school, our new converts remain in the old ranks and are careful to avoid an open alliance with what is still denounced as a heresy. The Ringers, Harleys, Wilkses, Thorowgoods, and Burnesses of America fill chairs in the homœopathic colleges; here they stick to the old craft and are rewarded by professorships and the applause of orthodox journalists.

The influence of homœopathy on the general practice of medicine since the death of Hahnemann may be divided into three stages. There was the stage of fierce defence of all the evacuant and debilitating processes which had existed almost unaltered from the earliest times, and which were in full swing thirty years ago. Old physic would not listen to a word against those time-honoured practices.

The next stage was that of utter unbelief in the remedial powers of drugs in general and of evacuant and depleting agencies in particular. The experience of homœopathy, backed by the results of Dietl's experiments, awoke the orthodox medical world from its fool's paradise of contentment with traditional medicine. The horror then excited at the sanguinary treatment that had hitherto prevailed, exists as strongly as ever among doctors and patients. Were anyone now to propose to revive the plan of bleeding *coup sur coup* in inflammations, which was practised within the memory of most of my audience by one of the foremost teachers of orthodox physic, he would be regarded by his colleagues as a lunatic, and by his patients as on a par as to medical knowledge with the

medicine-man of the South Sea Islands, who professes to cure a headache by scraping a hole in his patient's skull with a bit of broken glass in order to let out the pain—a proceeding as capable of justification on rational principles as opening a vein to let out an inflammation. The feeble attempt of Richardson in recent times to revive blood-letting has been received with contempt by the profession, and even the *Lancet*—the very instrument of venesection—has not a word to say in its defence.

The very surgeons who used in ancient days to shed blood like water, and who thought, or at least said, that the blood a patient lost during an operation, rather did him good than harm—even they have been seized with a Mosaic respect for the blood, and now all go in for bloodless operation, repelling all the blood from the limb to be amputated into the patient's body before commencing their operation; so that the patient, after his amputation, has relatively more blood in him than before, for he has not lost a drop, and has a limb the less to supply.

The disrepute into which drugs and all active treatment fell gave a temporary impetus to expectant treatment or therapeutic nihilism. However, this merely negative system could not last. For a time it gave way to a vigorous revival of the Brunonian practice, and stimulants were everywhere the order of the day.

But now old physic has entered on another stage, in which expectancy is denounced as "the offspring of ignorance and deception," and a search is made for specific medicines, i.e., medicines that have a physiological action on the same parts as the diseases they are to cure. Some, like Harley, make researches for themselves, and are disgusted at finding that they arrive at the same results as the homœopathists. Others, like Wilks, and Ringer, and Murchison, spare themselves the trouble of original experiments, and boldly dip into the homœopathic *Materia Medica* for their specifics. By this means Wilks has discovered the antiphlogistic properties of aconite, and Ringer the specific virtues of a host of medicines, the last of these being the remedial powers of *hepar sulphuris* in the purulent process. As Hahnemann gave his name to a preparation of mercury he discovered, which is called to this day *Mercurius solubilis Hahnemanni*, why should not Ringer have our *hepar sulphuris* renamed after himself, *Calcii sulphidum Ringeri*, for there can be no question

about his singular merit in having discovered its virtues in the purulent process after painful and laborious search in the tenebrous depths of the Homœopathic Materia Medica? And as the Countess of Cinchona gave her name to the plant of antifebrile renown which she first drew from its obscurity among the ignorant natives of Peru, so might not Wilks set up a claim to have *aconite* rebaptized by the name of *Wilksia*, to commemorate his immortal discovery of its anti-inflammatory properties, when poking about among the farrago of drugs employed by the obscure practitioners of "an eminently quack system?" I rather fear that posterity will treat Wilks's pretensions to be the great medical authority on the antiphlogistic powers of *aconite* by quoting this line of Juvenal—

"Nulla *aconita* bibuntur fictilibus,"

which, I need hardly tell my colleagues of a learned profession that writes its prescriptions in Latin, means—

"We don't drink our *aconite* out of a Wilksian mug."

Whilst the practice of the dominant school consisted mainly of those perturbative operations, which had been the ordinary rule of practice for centuries—and again, when, taught by the experience of the homœopathic school, they had lost all faith in heroic treatment, and had drifted into expectancy and alcoholic stimulation, homœopathy spread with wonderful rapidity through the country, and made numerous converts among both doctors and patients, who had acquired a wholesome horror of violent treatment, and who had not lost faith in physic. In those days any practitioner who declared himself a follower of Hahnemann was sure of getting rapidly into a large practice. The mere material inducements to avow oneself a homœopathist were of the most tempting character, and homœopathy was so utterly unlike the treatment of the old school that one could not practise it and remain a nominal adherent of the dominant sect. Hence there was every inducement, and indeed a necessity, for those who were convinced of the truth of homœopathy to range themselves in the ranks of the professed followers of Hahnemann.

But since the partisans of established medicine have abandoned both heroic measures and expectancy, and

busied themselves with the mild medication of specifics, there is no longer the same horror of their treatment among the patient-world, nor the same inducements to practitioners to associate themselves among the professed adherents of the homœopathic school. Indeed the inducements are all the other way. Large practices are not now at once obtained by the profession of homœopathy, and a declaration of adhesion to Hahnemann's therapeutics cuts a medical man off from the honours and emoluments that are in the gift of the old school. Besides, one can now practise pure homœopathy within the bosom of the old school without exciting any opposition on the part of old-school colleagues—indeed, with the applause of old-school journalists, and without disqualifying oneself for professorial chairs and hospital appointments.

Such being the case, it is not to be wondered at that we now obtain few open accessions to our ranks; that the vacancies occasioned by deaths are not filled up by new converts. Apparently homœopathy is on the wane in this country. The *Homœopathic Directory* of this year contains fewer names of practitioners than the *Directory* of last year. Nor is it surprising that we have renegades, for there are some who are more influenced by what they deem their own interest than by zeal for science and a desire to render justice to the illustrious but unpopular founder of the improved therapeutics. If by a simple renunciation of their connexion with the homœopathic school they can hope to share in the loaves and fishes of established medicine, while they continue to practise the better therapeutics, the temptation to commit this act of moral cowardice is too strong to be resisted. These weak-backed individuals are, to use an Americanism, the "carpet-baggers" of medicine, who, with their meagre modicum of intellectual luggage, squat down on the territory that has been conquered without any aid from them; and when they have obtained their ends, they betake themselves, with their carpet-bags well stuffed with "notions" acquired during their sojourn among us, to "fresh fields and pastures new."

The paucity of recent conversions to homœopathy in other countries of Europe has been admitted and commented on by the homœopathic periodicals, and is, I think, satisfactorily accounted for by what I have stated. The prospect of obtaining a large practice by the profession of

homœopathic treatment is problematical and remote, while the disadvantages of loss of professional status and exclusion from all the great prizes of the medical profession are only too certain and near ; so the young practitioner, whatever may be his convictions of the superiority of homœopathy, feels that he would be too heavily handicapped in the race for professional distinction by declaring his convictions.

Hence we cannot now look for any great increase of the numbers of avowed followers of Hahnemann, but must rest content with the assurance that the principles of homœopathic therapeutics are being largely adopted and acted on by nominal adherents of the old school. In fact the boundary line between homœopathic and orthodox practice is daily becoming less distinct. As in ancient times there were tribes of men living on the border-land betwixt England and Scotland who made no absolute professions of nationality, but as it suited them pillaged either side with perfect impartiality ; so on the border-land of allopathy and homœopathy there dwell many who without professing any particular creed indulge in the practice of "requisitioning" at one time from the homœopathic, at another from the allopathic, *Materia Medica* for the remedies they employ. As the Union of England and Scotland extinguished the border freebooters, so our medical borderers will be extirpated when old and new physic are united in the common cause of true medical progress.

We may marvel at the disingenuousness of those who appropriate the fruits of the labours of Hahnemann and his followers without acknowledgment, but we know the cause of this. As yet they cannot act on the maxim *suum cuique tribuere* without incurring losses they have not the courage to face. We may quote *sic vos non vobis* for our consolation, and hope for the speedy advent of the day, when those who, under the guidance of teachers who well knew the source of their inspiration, are employing the remedies of our pharmacopœia in the treatment of disease, *sans qu'ils en sachent rien*, will demand of their teachers their authorities for the alleged actions physiological and therapeutical of these new drugs, as the *Dublin Medical Journal* lately enquired of Sydney Ringer for his authorities ; and when they learn the truth, we have sufficient confidence in the love of justice of our colleagues to be-

lieve that they will give to homœopathists the credit they deserve, and where they have been so long endeavouring to rear a Tyburn gallows for our punishment, they will wish to erect a Marble Arch to our honour.

The apparent decline of homœopathy is, I am confident, the harbinger of its real triumph. The old school adopts our methods and our remedies while it abuses us, like an ill-natured cur that tries to bite the hand that gives him a bone.

As Cambronne at Waterloo exclaimed, "la Garde meurt mais ne se rend pas" (or something equivalent), but thought better of it and surrendered, so allopathy, on the eve of her surrender, sings, "Britons never, never, never will be homœopaths," threatens to nail her colours to the mast and would rather go to the bottom shouting "Vive l'allopathie," than yield an inch of her territory or a stone of her fortresses to the advancing conqueror, who has already beaten her out of all her strong places, stormed her Strasburg of bleeding, overwhelmed her with confusion at her Sedan of salivation, battered down her Metz—or as the French pronounce it her *Mess*—of blisters, cauteries and emetics, and now closely invests her in her last fastness, which is already distracted by intestine dissensions, and whose much vaunted citadel the Mont Valérien of rationality, last hope of orthodoxy, has just been basely given up by the traitor Moxon.

Until the leaders of medical opinion in the dominant school shall have ceased their illogical and insincere opposition to us, and shall have admitted our claim to have the homœopathic method recognized as a legitimate mode of ascertaining the remedial virtues of drugs, of value at least equal to their own empirical no-method, our duty clearly is to cultivate our own field of therapeutics diligently, to increase and perfect our provings, and to render them more available in practice. When opportunity and leisure offer we should not neglect the other branches of medical science, and the singularly valuable and profound essays of Henderson, Drysdale, Madden, and my immediate predecessor in this chair, Sharp, on physiology and pathology, the important discoveries of Drysdale in the life history of the minute organisms revealed by the microscope, and the masterly work of Blackley on the origin of hay-fever, a work which has obtained the well-merited applause of all the organs of medical and scientific opinion,

prove that a profound acquaintance with homœopathic therapeutics and skill in their application, by no means disqualify their possessor for attaining the very highest eminence in physiological and pathological science.

ON THE ACTION OF NITRIC ACID IN CERTAIN FORMS OF COUGH.*

By D. DYCE BROWN, M.A., M.D.

IF there is a great charm in opening a new mine of wealth in medicine, by discovering a new drug, and pointing out its indications for treatment, there is an almost equal charm in bringing into prominent notice a medicine, which, though long known, is little used, and especially in developing its value in certain particular forms of disease, in which, to judge by the rarity of its prescription and notice in our journals, it is almost unknown.

One is very apt in the everyday round of practice to prescribe our well known and well tried medicines, and to allow the virtues of other drugs, equally valuable in their own spheres, to be forgotten. In this present paper, then, I please myself by the thought that I shall perhaps render a small service to my homœopathic *confrères*, by endeavouring to develop the value of nitric acid in certain forms of cough. Of course there are other uses of nitric acid, but it would make much too lengthy a paper to take up more than the one point I have named. I shall break this resolution in only one particular, by noticing its great value in constipation. This is a point of which I was not previously aware, but which forced itself upon my observation in the treatment of the cough cases.

The only full account of the pathogenesis of nitric acid is in Hahnemann's *Chronic Diseases*, vol. iv., where it is classed among the anti-psoric remedies. Dr. Hughes, in his *Pharmaco-Dynamics*, says of this pathogenesis, "I must confess myself at a loss what to make of the provings in that remarkable work. Until the day books of the provers are published, and the quantity and frequency of the doses taken are ascertained, I feel the utmost un-

* Read before the British Homœopathic Congress, London, June 4, 1874.

certainty as to the reality of the numerous and multifarious symptoms ascribed to the 'antipsoric' medicines. With nitric as with muriatic acid, I must direct you for the present to clinical experience as the only available means of ascertaining its sphere and mode of action."

With all due deference to Dr. Hughes, I think this is rather a severe criticism on Hahnemann's pathogenesis. Of course the meaning and value of all the recorded symptoms would be much more apparent, had the particulars of the doses been given, but still I think we can see running all through the proving a state of body, which in my experience is the one where nitric acid is chiefly indicated. It is, to state it shortly, a state of general physical depression, which shows itself in various ways. In a paper like the present it would be impossible to analyse and comment upon all the morbid conditions described as present by Hahnemann, but in the majority of cases where I have found nitric acid indicated for cough, and of service in its removal, there is this general state of physical depression more or less marked. Perhaps the most interesting method to pursue, instead of giving a list of pathogenetic symptoms, will be to draw a picture of what in my view is a typical nitric acid case.

The complaint is, to begin with, an essentially chronic one. All the symptoms point to this; and I do not think that it is at all a medicine suited to acute cases. The patient has from the continuance of the disease got into a general state of bad health. There is general lassitude and weakness, with loss of energy, feeling of unfitness for exertion and work of any kind, and after any work or exertion, a state of unusual and abnormal tiredness. With this there is more or less mental depression, which is simply the result of the physical weakness. There are occasional headaches, which seem to me the result of a part of the disordered state of the digestive organs. The digestive organs show also this condition of depression. There is generally no gastric irritation, in the proper sense of the word, but a want of appetite, associated with a tongue which may be quite clean, or slightly coated towards the back; a bad taste in the mouth in the morning; and after food a feeling of fulness or distension, often actual pain, and a tendency to be squeamish. Hahnemann mentions both a state of constipation and of diarrhoea as present. My experience is that con-

stipation is the prevailing state, often to such a degree as to induce the patient to take purgative medicine for its relief. There is generally considerable loss of flesh, unrefreshing sleep at night, feeling of feverishness at night, with hot skin and thirst, and often night-sweats. In women leucorrhœa may be present. Then there is generally cough in several different forms. These I would divide into two principal kinds, the non-phthisical cough, and the phthisical. In the former class of cases, on examination of the chest, we find little abnormal. No dulness on percussion, no tubular breathing, nor increased vocal resonance, nor even bronchitic sounds; perhaps feebleness of breathing, and sometimes not even that. The form of the cough in these cases is one coming on chiefly during the day, though it also may cause some trouble on first lying down in bed. The cough is sometimes nearly dry, what expectoration there is being mucous and rather difficult to bring up; at other times there may be a considerable amount of sputum; the cough may be a short cough, or may take the form of "fits" of coughing, in which case it may sometimes cause retching, as in whooping cough. There is frequently, but not always in such cases, more or less uneasiness in the chest, soreness at the bottom of the sternum, or localised pains in either side of a sharp or dull character. Another very common variety of cough is that where it occurs almost entirely in the morning, on first waking, or on getting up out of bed. There is then a good deal of coughing, with a considerable quantity of mucous expectoration, after which during the day there is nothing more than an occasional cough till the time of going to bed, when for a time an increase of the coughing occurs. In these cases there is little or no chest pain, and less disturbance of the general health than in the former cases. A variety of the latter class of cases is, when along with the morning cough, there is a considerable amount of shortness of breath, which also passes off after the morning expectoration is brought up, or after a nervine stimulant, such as a cup of tea. Another class of cases in which nitric acid is frequently of service is in cases of emphysema. In such cases, with the usual physical signs of emphysema, we have shortness of breathing on any exertion, and especially on going up a stair, considerable paroxysms of coughing, with dyspnœa early in the morning, and also

a considerable amount of mucous or muco-purulent expectoration. Arsenic here and ipecacuan are of great value, the latter where the emphysema is accompanied by a chronic form of bronchitis, as shown by the presence of dry râles in the apices and moist râles at the bases of the lungs, and the former where there is not this accompaniment. But in both these forms of the complaint, we often find the patient present a state of general dishealth, such as I described as the typical nitric acid state. Here we find that the acid does as much good or more than arsenic, not only in improving the general health, but in a very decided manner improving the condition of the chest symptoms.

There is one other set of non-phthisical cases, which are probably the ones alluded to by those few writers who have mentioned the use of nitric acid in cough. Dr. Hughes, for example, in his article on Nitric Acid in his *Pharmaco-Dynamics*, says, "In the respiratory tract it controls the nasal and laryngeal mucous membranes being curative of dry and violent laryngeal coughs." Dr. Bayes, again, in his work on *Specific Restorative Medicine*, describes a cough, which is unmistakably laryngeal. He says (p. 124), "Another affection in which nitric acid 3rd has proved very serviceable is in a chronic laryngeal cough, without expectoration, which is characterized by a stinging or smarting sensation, as if a small ulcer were there, and is generally felt on one side. The 3rd dilution of the medicine often speedily arrests and cures this cough." Of course the local pain shows that such a cough is laryngeal. But the cases to which I now allude are not so clearly laryngeal. I have had several such where a teasing short dry cough occurs, and lasts for a long time. Two such cases I shall give afterwards where this form of cough lasted for weeks, until nitric acid was prescribed, under the use of which it rapidly vanished. In these cases there was no pain in the chest, nothing whatever abnormal to be discovered on examination of the chest, and no disorder of the general health. There were also no symptoms referrible to the larynx, no hoarseness, soreness on coughing, or tenderness on pressure, nothing in fact but the long standing short dry cough, which continued all day, was very troublesome on first lying down at night, keeping the patient awake for some time, but either not coming on at

all after sleep once supervened, or so slightly as never to waken the patient. What makes me hesitate in calling this a laryngeal cough, is not only the absence of all laryngeal symptoms proper, but the entire failure of all medicines usually successful in laryngeal disorders. I myself think they were not laryngeal, but were simply a manifestation of a susceptible condition of bronchial mucous membrane, as in the two cases referred to, the same cough returned every winter for two or three years, and in a slighter form, if there was any sudden change to cold weather.

Before leaving the non-phthisical cases, I ought, to make the subject complete, to notice the use of nitric acid in hooping cough. But this only requires a passing notice. It has been recommended by several allopaths, but the doses prescribed have been so large—20 to 30 drops of the dilute acid of the pharmacopœia, which is the same strength as our 1x dilution, and this for young children—that I for one could never think myself justified in pursuing this course of treatment. The fact of these doses being given so much larger than those usually given to children even by allopaths, would show that they had found smaller doses not answer. I have tried the dose I usually give in other cough cases once or twice, with no beneficial result. I therefore propose to pass on with these few remarks to the *Phthisical cases*.

I think that most physicians now admit the truth of Niemeyer's views, that there are two forms of phthisis, tubercular and non-tubercular. In cases that are unmistakably those of acute tuberculosis, no treatment that I am aware of does any good. They go on their fatal progress steadily in spite of homœopathic or any other remedies. But it is very different with cases which have begun primarily as pneumonia, the lymph in which has degenerated into the yellow cheesy deposit so frequently found at post mortem examinations. When these cases show active disease going on, as evidenced by rapid pulse and high temperature, nitric acid is not indicated. But when we have subdued the acute stage by other treatment, and the patient has a nearly normal pulse, and a normal temperature, but when on examination the physical signs of phthisis are present, with a state of general weakness, loss of flesh, nocturnal perspirations, bad appetite, and sluggish bowels, with a troublesome cough and

a good deal of muco-purulent expectoration, both cough and expectoration being worst in the morning and on lying down at night, then nitric acid comes in with gratifying results. The general health improves, a renewed feeling of strength is felt, more relish for food, and ability to take more of it follow, the bowels become regular, and both cough and expectoration are wonderfully lessened, till they are reduced to a minimum. I feel sure that any one who uses nitric acid in such cases will agree with me in considering it a very valuable addition to our *armamentarium*.

In conclusion, as I stated at the commencement of this paper, I shall say a few words upon the value of nitric acid in constipation, my apology for so doing being that it comes in naturally as a comment upon the cases I am going to relate. I was not previously aware of this feature in the therapeutics of nitric acid, and so far as I am aware, it has never been noticed in any of our Journals.

Hahnemann in fact at the very commencement of his article on Nitric Acid in the *Chronic Diseases*, says, "It is, moreover, more suitable to those chronic patients who are disposed to looseness; it is very seldom useful to those who suffer with constipation;" and yet in spite of this statement we find under the head of "Stool" the following symptoms:—

"Constipation, painless constipation for several days. Every other day hard stool covered with mucus, during the first days, afterwards every day; costiveness; the abdomen became distended, but the flatulence did not pass. Hard, scanty stool. The stool passes off in hard lumps. Stool resembling sheep's dung, with much pressing, and accompanied with mucus. Pressure upon the rectum, as if stool would come on, with scanty discharge. Long pressing when going to stool; the stool would not come off, and nevertheless it was not hard. Constant desire for stool, unsuccessful."

One wonders, after being aware of these symptoms, that Hahnemann should have made the statement I have quoted. I gave constipation as one of the frequent symptoms present in what I called a typical nitric acid case, and almost invariably, along with the improvement in the other symptoms, the bowels become regular and easy. So marked was this result, that I have several

times prescribed the acid as a remedy for constipation, independently of any other state, and I have found it successful, after the failure of the other usual remedies.

I have no hesitation in placing it in the foremost rank in our medicines for constipation, and I am sure that any who follow my recommendation, and try it, will be well satisfied with the results.

Finally, as to the dose, I have always given two or three drops of the 1x dilution. Possibly a less dose might be successful, but I have found such gratifying results both in this and in the cough cases, that I feel inclined to keep to my present dose. If others who try the medicine in the cases I have described, find higher dilutions equally satisfactory, I should feel obliged by their recording the facts, but on the other hand, if higher dilutions do not produce the expected result, I ask in fairness to me, to the medicine, and to themselves, that they make use of the 1x dilution, in two or three drop doses, three times a day.

I am afraid that I have already consumed the time allotted for each paper, but if not wearying the members of the Congress, I shall give a few cases in illustration of the position I have taken up.

CASE I.—Mrs. —, æt. 50. Had for several weeks been very much out of health. She was housekeeper in a large household, and of late had felt quite unfit for her duties. She complained of feeling tired with the least exertion; even going about the house fatigued her. She had lost flesh, slept badly at night, and had nocturnal perspirations. Her appetite was bad, and she had feeling of indigestion after eating. The tongue was clean, and the bowels very costive. Her pulse was quiet, and temperature normal. Catamenia had ceased several years. She had besides a severe cough, chiefly in the morning, when she brought up some muco-purulent expectoration. Through the rest of the day she had the cough only occasionally, though at night, on lying down, it rather troubled her. She complained of pain across both apices of the lungs. On examination of the chest nothing unusual was found, except that the breathing was feeble. She was greatly depressed in spirits, and thought herself dying. I prescribed nitric acid 1x, 3 drops three times a day, in a wineglassful of water. I saw her again a fortnight after. There was then a great improvement. The cough was very much better, in fact nearly gone. The chest pain had gone. Her appetite had become good, the pain after food gone, and the bowels had been acting regularly.

Her appearance was much better, her strength improved, and her spirits much better. I continued the acid, and in a short time the cough disappeared, and she was otherwise well.

CASE II.—Mrs. F., a confectioner, æt. 35, being subject in her occupation to changes of temperature, was apt to take cold, and cough occasionally. Before I saw her she had been ailing for a fortnight, with a severe cough, which was equally bad by day and night. The cough came in paroxysms, and frequently caused retching. A good deal of mucous expectoration was coughed up. There was pain over the sternum when coughing. The cough kept her awake at night. She had been losing flesh, had no appetite, the food gave her pain in the stomach. The tongue was clean, bowels very costive, pulse quick and small. Temp. normal. Had much thirst. Catamenia regular. On examination of the chest I found nothing abnormal, except feebleness of breathing over both lungs. At night she had a good deal of perspiration. She complained of great weakness, and inability to do anything in her house, with shortness of breathing on going up a stair. She was also depressed in spirits. She was kept in bed for some time, and had aconite, ipecacuan, antimony, and arsenic for medicines, for about a month. At the end of the time she was in the same state, except that she was thinner and weaker, and latterly unable to rise from bed. The pulse was still quick, though the temperature was normal. I made repeated examinations of the chest, but could discover nothing fresh. I then prescribed nitric acid in the usual dose. At the end of a week there was a decided improvement in every way. In another week the cough was almost gone. She slept well, and the night sweats had nearly stopped. The appetite was improved, pain after eating gone. The bowels were acting regularly. Pulse normal. Feeling of general strength much better. The medicine was continued another week, by the end of which time she had no cough, and was quite well, and able to pursue her calling.

CASE III.—E. F., a lady's maid, æt. 30. Several members of her family had died of consumption. For two months before I saw her she had had a cough in the morning and on lying down at night. Not much cough through the day. The cough came sometimes in paroxysms. Has almost no expectoration; what does come is whitish. Has pain on coughing over sternum. Tongue clean in front, whitish at back. Appetite not very good. Bowels costive. Pulse quiet. Catamenia regular; last a week. Much dysmenorrhæal pain at time of menstruation. She is pale and delicate looking. Complains of being very easily tired. Is rather thinner than she used to be. No night sweats; sleeps well after the cough ceases. On examination of the chest, the right side is not so full as the

left, but could hardly be said to be flattened. Nothing else abnormal. Nitric acid 1x, 2 drops three times a day.

She came back in ten days, feeling much better and stronger. The cough was almost gone, as also the chest pain. Bowels acting more regularly. Tongue cleaner. Appetite not yet good. Continue acid. She soon after this got quite free of the cough, and became quite well. I omitted to say that for the dysmenorrhœal pain I ordered *gelsemium* 1x, which relieved it very much.

CASE IV.—M. B., æt. 15. A delicate looking girl. There was a history of a pulmonic attack the previous summer, which probably had been pneumonia of the left apex. When I saw her she was very thin and pale, and had for some weeks been getting thinner, and sweating at night. The appetite was poor; the tongue clean and rather red, and she had feeling of fulness in stomach after eating. The bowels were regular, and catamenia had been present several times. She was thirsty. Pulse quick; temperature high. She had a bad cough, with a good deal of muco-purulent expectoration. The cough came in paroxysms, was worst in the morning and at night. She had quick breathing, and shortness of breath on any exertion. On examination of the chest the left apex was found flattened; there was dulness on percussion on this side, with tubular breathing, prolonged expiration, increase of vocal resonance, and dry creaking sounds. I had her put to bed, treated with *aconite* and *ipécacuan*, and poultice to chest. Subsequently I changed the medicine to *arsenic*, and afterwards to *phosphorus*, under which treatment, by the end of a couple of months, she was immensely improved. The cough had ceased to come in paroxysms, and only in the morning was she troubled with it. Through the day it was only occasional, and at night there was none of it. The expectoration was now slight, and more mucous. She slept well, and was almost free of night sweats. The appetite was good, the pulse quiet, and the temperature normal. She had gained very greatly in flesh. The physical signs were improved. There was rather less dulness, but still the creaking sounds were present. I then put her on *nitric acid*. After a fortnight of this the cough was almost entirely gone, the expectoration also reduced to a minimum, the creaking sounds almost entirely gone.

I continued the acid for another fortnight, at the end of which she was going about, and so well that I left off seeing her.

CASE V.—Miss R., æt. 13, had had for one or two winters during the coldest weather, and in spring, been with a cough. When I first treated her she had a dry, tickling cough, which began in the morning, continued all day, and on lying down at night, but left her after she fell asleep. She was in good

general health in every way, and would have been quite well, were it not for the cough. There was no pain in the chest, nor soreness in the larynx on coughing, nor was there any tenderness on the larynx. On examination of the chest nothing unusual was found, except a slight prolongation of the expiration on the right side, and the expiratory sound very slightly blowing. Medicine after medicine, including the usual laryngeal ones, were tried, but with little effect, till at last she said she was tired of taking anything more. I at last thought of nitric acid. Under this the cough disappeared altogether in a week or ten days. Since then she has had a return of the same cough two or three times, when I at once gave the acid, with the same agreeable result.

CASE VI.—A brother of the foregoing, a year and a half younger. He had a cough of precisely the same character. His general health was excellent, but this cough gave considerable uneasiness to his parents. His chest was perfectly sound, and there was no pain either there or in the larynx. Until I gave the acid to him the cough continued, in spite of other medicines, but under the use of the acid it disappeared in a few days. In his case also, I have had occasion once or twice since the first time to prescribe the acid for a return of the cough, which has each time disappeared very quickly.

These are the two cases which I referred to in the first part of this paper, and which I considered not as laryngeal coughs, but as due to a constitutional susceptibility of the bronchial mucous membrane to atmospheric influences.

CASE VII.—Mrs. B., æt. 33, came to me complaining of attacks of shortness of breathing, which came on early in the morning with a cough, which came at that time in paroxysms, and which obliged her to sit up in bed. Very little expectoration was coughed up. Her breathing did not become free till after her breakfast, the cup of tea seeming to have the effect of relieving her. Through the rest of the day she had no trouble with her breathing, and no cough, and in fact was easy till the same time the next morning. This was not the first time she had been attacked in this way, but had been liable to it occasionally for years. She was in every other respect quite well, except that she was feeling rather weak, from having nursed her baby too long, and the bowels had become very costive. On examining the chest, the only abnormal signs present were an increased resonance of both fronts, with feeble breathing. There were no bronchitic sounds. I at first gave her arsenic, which for some time relieved her. It then lost its effect, and I prescribed nitric acid. Had this failed, or had there been bronchitic sounds, I should have given ipecacuan. When I next saw her, about a week after, she said the medicine had acted

like a charm, and that for the last three or four mornings she had been perfectly free of cough and shortness of breathing. I then told her to stop the medicine, which she had begun to do that day of her own accord. I also must not forget to notice that the bowels had become quite regular and easy.

I could give a larger selection of cases, but I do not wish to weary my hearers; and I think the cases I have given are sufficient to illustrate the principal points I have taken up. I may be allowed, however, to add three cases, where the medicine was given specially to remove constipation.

CASE VIII.—A lady, of nervous temperament, and subject to frequent pains of a rheumatic gouty character. Complained to me of very troublesome constipation. She was not generally troubled in this way, as the bowels as a rule acted regularly. The only other symptoms she had at this time were a great tendency to acidity and flatulence in the stomach, necessitating very careful diet. The tongue was clean. All the usual remedies for constipation were tried, but without success. Even an enema failed to produce a satisfactory motion. I then ordered nitric acid in doses of 2 drops of 1x, three times a day. This at once had the desired effect, and after taking it for the best part of a week, the bowels required no further assistance.

CASE IX.—Mrs. D., æt. 69, came to me complaining of dyspepsia of long standing, the exact symptoms of which I need not waste time by enumerating. Along with this she had obstinate constipation, for which she had for a number of years taken purgative pills. Under treatment which it is unnecessary to enter on here, she completely got well of her dyspepsia, and the bowels improved, but not to such a degree as to give her comfort and satisfaction. I then prescribed nitric acid, 3 drops three times a day. After a week of this the bowels had begun to act quite easily and regularly, and she did not find it necessary to report herself again.

CASE X.—Mrs. — had been long confined to the house, and for a good part of this time to the sofa, on account of a tedious and chronic uterine affection. The bowels at first gave little trouble, being always relieved when necessary by an enema. After some time the constipation became such a troublesome complication, that it amounted to fœcal obstruction of the bowels. I had to give temporary relief by a full dose of castor oil, after which I tried every medicine I could think of as likely to be of service in preventing the same thing again happening. I was much disappointed at the failure of every one, the obstruction again recurring with much pain, while

enemas of water, gruel, and oil came away as they were thrown up. In this state of matters, after having been obliged again to resort to the castor oil, I prescribed nitric acid; next day the bowels moved naturally, and continued to do so till I left off the acid, in order to return to the treatment specially directed to the uterine complaint. The constipation again returned, but the action of the acid, when all other homœopathic remedies had failed, was very striking.

I must apologise for the length of this paper, but as it would not have been complete without illustrative cases, I hope I may be pardoned.

REVIEW.

Ophidians: Zoological Arrangement of the Different Genera: their Poisons, and all that is known of their nature; their Galls as Antidotes to the Snake-venom. By S. B. HIGGINS, S.A. New York and Philadelphia: Boericke & Tafel, 1873.

Out of the huge number of suggestions hitherto made for the cure of persons bitten by a venomous snake, not one can be said to possess the confidence of those who are accustomed to meet with cases of this kind. Not long ago it was fondly hoped that Professor Halford of Melbourne had found, in the subcutaneous injection of ammonia, a reliable method of treatment. Experiments made with it in India have since demonstrated its inutility as an antidote to the poison of the snakes met with in that snake-abounding region. In the work before us, the author brings forward the gall of the bite-inflicting snake as a sure remedy. As evidence of its power as an antidote he appeals to fifty cases of cure, and to the fact that the professional snake-bite-curers of South America have at his suggestion adopted its use with, as they assure him, great success.

It appears that a mixture of gall with other antidotes has, for many years, been used by the "curers" of greatest fame in Venezuela. Mr. Higgins, however, is the first to have employed it simply and uncombined. To make known the virtues of the gall as an antidote is the object with which he has published this interesting little volume.

Mr. Higgins commences with a brief description of the characteristic features of the twenty-one genera of snakes met with in North America. This fact is followed by a detailed account of the symptoms of poisoning by the bites of the elaps coralinus, the vipera lachesis bufocephalus, and of the crotalus cascabella of Brazil. Some account of the nature of the poison is then given, together with its general effects upon man and the lower

animals. From this we learn that when the snake begins to change its skin, the poison loses its venomous properties, and at the same time the gall loses its bitter principle, and acquires a sweet taste. The physical properties of the poison are also entirely changed at this period. It is shortly after the skin has been cast that the gall has its antidotal powers most fully developed. As an antidote, Mr. Higgins uses a first decimal preparation, of which he mixes from five to ten drops in half a tumblerful of water every five, ten, or fifteen minutes, according to the age, sex, condition, and susceptibility of the patient. He invariably makes a deep cruciform incision in the wound with a lancet, and bathes the limb in hot water to which a few drops of prepared gall have been added. Finally, when bright arterial blood has begun to flow from the wound, a pellet of cotton or sponge saturated with prepared gall is applied to it and secured with a bandage. Mr. Higgin's plan is simple, and he assures us that his experience with it has been largely successful. Certainly as much cannot be said of any previously known. Fortunately our opportunities of putting it to the test are, in this country, rare. We, however, have much pleasure in directing Mr. Higgin's little book and his suggestions to the attention of our readers who may be less fortunately situated. It is also well worth reading by all who desire information on the subject of snakes and their venoms.

MEETINGS OF SOCIETIES.

BRITISH HOMŒOPATHIC CONGRESS.

THIS Annual Assembly of Medical Men practising Homœopathy was held on Thursday, the 4th inst., at the Homœopathic Hospital, Great Ormond Street, London, under the presidency of Dr. DUDGEON, of Montague Square, London; Dr. YELDHAM, of Moorgate Street, being the Vice-President. The following are the gentlemen who were present:—Dr. MADDEN, Dr. KIDD, Mr. A. H. BUCK, Dr. RANSFORD, Dr. BAYES, Dr. DRURY, Dr. HAMILTON, Dr. HALE, Dr. M'KECHNIE, Dr. HEWAN, Mr. HARRIS, Dr. LEADAM, Dr. BLACKLEY, Mr. CAMERON, Dr. CHEPMELL, Dr. WYLD, Dr. ROTH, Dr. PHILLIPS, Dr. O'BRIEN, Dr. MARKWICK, Dr. SUSS-HAHNEMANN, Dr. MORRISON, Dr. WHEELER, Dr. J. DIXON, Dr. REED, Dr. J. B. DIXON, Dr. GOODCHILD, Dr. RUDDOCK, Dr. W. BELL, Mr. ROBERTS, Mr. R. P. G. LORD, Dr. POWELL, Dr. COOPER, Mr. ENGALL, Dr. PEARCE, Dr. LANG, Dr. HASTINGS, Dr. RYAN and Dr. WATSON (London), Mr. POPE and Mr. THEOBALD (Lee), Mr. TATE and Mr. J. H. SMITH (Blackheath), Dr. CARFRAE and Dr. HALE (Surbiton), Dr. E. CRONIN (Clapham), Dr. WARDALE (Ealing), Dr. DRYSDALE, Dr. HAYWARD,

Dr. HAWKES and Dr. MOORE (Liverpool), Dr. R. HUGHES, Dr. METCALF and Dr. MASSY (Brighton), Dr. BLACK and Dr. NICHOLSON (Clifton), Dr. COLLINS and Mr. MABERLY (Leamington), Dr. HOLLAND and Dr. MORGAN (Bath), Dr. G. CLIFTON and Dr. EMMERSON (Leicester), Dr. SMART, Dr. GEDDES SCOTT and Dr. W. B. A. SCOTT (Tunbridge Wells), Dr. W. S. CRAIG (Scarboro'), Dr. EDWARD BLAKE (Reigate), Dr. CHURCHILL (Folkestone), Mr. CLIFTON (Northampton), Dr. SHARP (Rugby), Dr. PYBURN (Hull), Dr. WOLSTON (Edinburgh), Dr. BROWN (Aberdeen), Mr. Blackley (Manchester), Mr. REID (Southsea), Dr. FLEURY (Croydon), Dr. CROUCHER (Hastings), Dr. GIBBS BLAKE (Birmingham), Dr. HAYLE (Rochdale), Mr. WILLIAMS (Wolverhampton), Dr. BRADSHAW (Nottingham), and Dr. CRAIG (Stoke-on-Trent). Among the visitors who were present were the Rev. Mr. QUICKE, Mr. F. SMITH (Weston-Super-Mare), Mr. JOY (Rochdale), Dr. SCHNEIDER (New York), Mr. TRUEMAN, Mr. CAIRD, C.B., Mr. EDWARD POPE, Mr. P. H. POPE, Mr. CRAMPERN, Mr. ROTH, Mr. H. TURNER, Mr. WALKER and Mr. WALDER (London), Mr. THOMPSON (Liverpool), together with others whose names we could not obtain. Several gentlemen who had intended to be present were prevented attending by professional duties detaining them just prior to starting for London, among them was Mr. FRASER, of Hull, the Treasurer of the Congress.

The proceedings of Congress were opened by an Address from the President on "The Influence of Homœopathy on General Medicine since the death of Hahnemann;" which will be found at p. 389 of this number of the *Review*.

After the Address, which was warmly received throughout, Dr. DYCE BROWN read a paper on "*The action of Nitric Acid in certain forms of Cough.*" (This appears at page 422 of our present number). Discussion being invited,

Dr. HUGHES, after expressing his sense of the value of Dr. Dyce Brown's paper as a real contribution to therapeutical knowledge, made some remarks upon the pathogenesis of nitric acid as presented in Hahnemann's *Chronic Diseases*. It consisted of 1424 symptoms. Of these 118 were supplied by Hahnemann's only fellow-provers, two in number; 29 were taken from authors; and 13 or so were credited to Stapf and others. The remaining 1264 were from Hahnemann himself; and, from their number, and from what we knew of his practice at the time, we might be sure that the great majority of them were observed upon patients who were taking the medicine for the cure of their disorders. Again, we knew that at this period Hahnemann advocated the proving, as well as the administration, of all medicines in globules saturated with the 30th dilution. This dilution, in the case of nitric acid, was prepared by mixing the acid with water

for the 1st attenuation, with dilute spirit for the second, and with pure spirit for the 3rd and higher. If his (Dr. Hughes') chemistry did not err, this process converted nitric acid into nitric æther. He therefore thought, that symptoms occurring in sick persons who were taking such a medicine were more probably manifestations of their disease than effects of the drug; and that, at the best, effects of the 30th dilution of nitric æther were no sure indications for the use of the first decimal dilution of nitric acid. He thought the drug needed reprovings; and that, in the meantime, it should be used as clinical experience directed.

Dr. MOORE (Liverpool) would like to ask Dr. Brown whether he had noticed the uvula in the cases he had referred to. Many of the symptoms described were similar to those produced by elongated uvula. He had been rather struck with the absence of any notice of this.

Dr. EDWARD BLAKE had been struck with precisely the same thing that Dr. Moore had noticed. He thought the cough described as occurring on lying down was uvular in its origin. There was often in hepatic derangement a relaxed condition of the pharynx and soft palate present. Might not the acid act by virtue of its affinity for the liver? The benefit derived from the use of nitric acid in cases of constipation was, he thought, due to its action on the liver; and that the form of constipation indicating nitric acid was that arising from portal congestion. "Cough on lying down" he had hitherto treated with *nuxvomica*; he would now certainly give nitric acid a trial in such cases. He thought the analogies of nitric acid to *hydrastis* were very marked.

Dr. HAYWARD thought that Dr. Dyce Brown had given them rather a clinical reason for using nitric acid than one of a pathogenetic character;—this appeared to him to be a mistake. He agreed with Dr. Moore, that a very clear explanation of the benefit resulting from the use of nitric acid in cases of constipation might be found when its action on the liver was considered.

Dr. SHARP was glad to join in the tribute of thanks to Dr. Brown for the information he had given on the subject of nitric acid. He had one request to make of him, viz., that he would be good enough to prove the first decimal in health, with the same dose he had been giving in disease, in order that they might learn what effect the medicine would have under those circumstances.

Mr. CLIFTON said it would be better if half-a-dozen gentlemen would join Dr. Dyce Brown in proving the medicine.

Dr. PEARCE was glad that the question of proving had been mooted. As an old homœopath he had not failed to notice the difference in provings made from high dilutions, and those from

the crude doses. He thought it of the utmost importance to the profession, and especially to new comers, that these two kinds of provings should be distinguished, and especially after a drug had been put through a process which might have converted it into something else. It was very unsatisfactory to an inquirer into Homœopathy to find, that after studying over a thousand symptoms set down to nitric acid, he had been devoting his attention to nitric æther. He thought the question of re-proving all their remedies—all those at least hitherto imperfectly known—was one of the utmost importance. He hoped that the reading of Dr. Brown's paper would lead to a re-investigation of the properties of medicine by actual provings—not in one dilution only, but beginning with the crude drugs, and taking successive dilutions afterwards. He trusted that before the Congress separated some volunteers,—and he would be happy to join them,—would undertake to prove nitric acid, and that they would go through that medicine within the next year and then give the result of their investigations. He thought such a course would do more good than all the clinical experience they could collect.

Dr. WOLSTON, in thanking Dr. Brown for his paper, said that the subject was new to him. Dr. Brown had touched upon the subject of constipation ; he thought he might be able to afford a little help to those who had a difficulty in treating that troublesome ailment. He was indebted to a patient of his for a very simple suggestion, which had led him to a very great auxiliary in the treatment of constipation ;—viz., the use of a little linseed. A teaspoonful of ordinary linseed, with a little boiling water cast upon it, and allowed to stand for twelve hours, and taken after a meal. This he had found in some of the most obstinate cases of constipation, of the utmost value. In some cases it failed ; but he threw it out as a little help in very many instances.

Mr. J. H. SMITH said that he had found nitric acid of use in certain forms of urinary disease.

Dr. REED had no difficulty in testifying to the value of nitric acid in some forms of cough, and also in constipation ; in cases of broken constitution he had found nitric acid a most valuable remedy.

THE PRESIDENT said that Dr. Dyce Brown had mentioned among other things for which he had tried nitric acid, whooping cough, and he mentioned also the want of success that had attended his practice as regards this disease, and the large doses necessary to be given in order to accomplish anything in whooping cough. It was rather curious that the attention of the profession was called some time ago to the action of nitric acid in whooping cough by Dr. Bolle, of Aix La Chapelle, who in investigating the pathology of whooping cough found in most of his cases a very small sub-lingual ulcer, this led him to the use of nitric acid in small doses ; and he reported that he was very

successful with it in those cases. He did not know that an epidemic occurring without this sub-lingual ulcer would indicate nitric acid. He had seen nitric acid successfully used in certain cases of constipation, and had himself prescribed it; but not in cases similar to those mentioned by Dr. Brown.

Dr. DYCE BROWN, in reply, said that Dr. Moore and Dr. Blake had asked as to the state of the uvula in the cases of cough he had described. He had examined the state of the uvula in all of them, and found nothing in its condition to account for the symptoms. In the one other case mentioned, the state of the expectoration, and the whole condition of the patient showed the seat of the disease to be the chest. As to Dr. Blake's question respecting the action on the liver, he did not think in the cases he had alluded to there was any disorder of the liver. Dr. Dudgeon had spoken of cases of liver disease and constipation as having been improved by nitric acid,—he (Dr. Brown) had seen the same thing; but the cases referred to in the paper which he had read were simply cases of constipation, where he could find nothing in the state of the liver to account for it; and there was no proof that the benefit derived from the nitric acid was due to its effect on the liver. With reference to the cases of whooping cough, he had only given two or three cases, and in those he had not looked for the sub-lingual ulcer at that time. As to proving the medicine, he would be most happy to do anything in that way. Dr. Pearce had kindly offered to assist him in the matter, and perhaps other gentlemen might be willing to join them. He begged to thank the meeting for the attention they had paid to his paper, and for the kind manner in which it had been received.

The members then adjourned for luncheon, which was provided in the dining room of the Officers of the Hospital.

On re-assembling, the President called upon Dr. Hayward to read the Report of the Hahnemann Publishing Society.

[This Report is given at length in our account of the proceedings of this Society immediately following those of the Congress.]

Dr. HAYWARD having read the Report, and given full details of the work and present position of the Society,

THE PRESIDENT said the Report was very satisfactory, and that the Society was now, for the first time, in a flourishing condition. He hoped that with the continuation of Dr. Hayward in the Secretaryship its prosperity would continue to increase.

PLACE OF NEXT CONGRESS AND ELECTION OF OFFICERS.

A discussion then ensued as to place and time for the next Congress, and it was unanimously resolved that MANCHESTER should be the place, the date fixed, Thursday, the 23rd of September, 1875.

Dr. BAYES was elected President, and Mr. Cox, of Manchester, Vice-President. Dr. GIBBS BLAKE was re-elected General Secretary, and Dr. MOIR, of Manchester, appointed Local Secretary. Mr. FRASER was re-elected Treasurer. Dr. HAYWARD and Mr. BLAKELEY were requested to act as Auditors. The Executive Committee consists of the President, Vice-President, Past Presidents, Auditors, Treasurer and Secretaries.

The PRESIDENT next proposed a vote of thanks to the Board of Management of the Hospital, for their courtesy in giving the Congress the use of the rooms its members had occupied during the day. This resolution was carried by acclamation.

Dr. DRURY then proposed the following resolution :—

“That the Secretary be requested to write to the Home Secretary, requesting that a Homœopathic Medical Man might be appointed a member of the Medical Council on the first vacancy ; and that a copy of the President’s address should be forwarded with the letter.”

Dr. HOLLAND seconded the resolution. He thought it only right that homœopathic practitioners should have a voice in the Medical Council.

The proposition was opposed in speeches by Mr. Pope, Dr. Sharp, Dr. Metcalf, Dr. Moore (Liverpool), Dr. Brown, Dr. Yeldham and Dr. Gibbs Blake, and supported by Dr. Hayward and Dr. Pyburn.

The PRESIDENT, in concluding the discussion, said that the proposition was one open to a good deal of criticism, and he was doubtful of its propriety. The Medical Council had nothing whatever to do with therapeutics, and had not interfered with that department of medicine in any way. He did not think that any blame was to be attached to the Medical Council so far as they had gone. Had anything been done to interfere with the Homœopathic Therapeutic School, he thought it would have been right to have sought for a representative of the principles of homœopathy in the Council. But it appeared to him that the *raison d’être* for a member of the Council being a homœopath did not exist.

Dr. DRURY said that he was not prepared for the feeling of opposition with which his motion had been received. There was no position he abominated more than sectarianism ; but they had no opportunity of protesting against the position into which they had been thrust. Statements were made, with reference to homœopaths, by members of the allopathic body, and they had very little opportunity of protesting in public, and it was of little use to protest among themselves. If a gentleman of their own body were on the Medical Council, and any statement were made which he knew to be false, he could at all events contradict it ; and he would be there to look after the

interests of the body with which he was more especially connected, if anything were brought forward injurious to those interests. He was also of opinion that, if a suitable man were chosen, a great many of those differences which now unhappily existed would soon be removed. From these and other considerations he was not prepared to withdraw his motion.

The resolution was then put to the meeting and negatived.

The PRESIDENT next called on Mr. POPE to make a statement regarding the Convention of Homœopathic Practitioners appointed to be held in Philadelphia in 1876.

Mr. POPE said that, in anticipation of this meeting, he had written some five or six weeks previously to the gentleman who was advertised as the Secretary of the Committee appointed to make arrangements for the proposed Convention, asking for information regarding it, with the view of placing it before the members of the Congress. Up to that time he had received no reply to his letter. This, however, was of less importance than it might have been, as they were favoured that morning with the presence of Dr. SCHNEIDER, of New York, who would doubtless be able to tell them something regarding the meetings it was intended should be held in Philadelphia in 1876.

The PRESIDENT having requested Dr. SCHNEIDER to address the meeting, he said he was present at the last meeting of the American Institute, which was held at Cincinnati, Ohio, and was, in fact, a member of the committee on the International Convention, as it was termed, to be held at Philadelphia in July 1876. Certain steps were taken at that meeting, and the members were now doing all they could to bring about the Convention. As a member of that committee, he would like to press on those present the advantages which would result from the intermingling of thought on the part of the two great bodies—the Congress of Great Britain and the American Institute of Homœopathy. He thought this interchange of thought would be of great service in the advancement of homœopathy, and he trusted that all who could do so would endeavour to be present in Philadelphia on that occasion.

“THE ACTION, SELECTION, AND ADMINISTRATION OF DRUGS.”

A paper was then read by Dr. HALE, on “*The Action, Selection, and Administration of Drugs.*” This we hope to publish in our August number; meanwhile, we present the following abstract of it.

Dr. HALE, after some introductory remarks on the advantages of theoretical investigations, urged the necessity for raising the formula *similia similibus curantur* from an empirical basis to the higher standard of a scientific principle. He suggested that drugs acted dynamically, in some cases reversing in others,

energising abnormal vibrations. To secure a perfect specific effect, it was necessary that the closest relation in kind should subsist between the drug-remedy and the disease, and that the dose given should have the closest relation potentially to the normal rate of vibration which disease had perverted and disturbed. Remarking that energised by forces emanating from the ganglia of the sympathetic and cerebro-spinal systems, the work and function of each organ was performed by cell growth and metamorphosis, resulting from vibrations of the ultimate molecules of which each cell was composed, he argued that it was into these hidden recesses that our curative agencies must reach. The withdrawal of electro-motor energy he regarded as the first link in the chain of causes leading to a departure from health; according to the extent of this withdrawal temporary arrest of function, organic change, or death resulted. The action of *belladonna* and *nicotine* was adduced in illustration. The minuteness of the structure invaded in disease, Dr. Hale argued indicated that the doses used should be in relatively minute proportions. In remarking on the dose, after acknowledging the difficulties which surrounded its selection, Dr. Hale suggested that it should be regulated by the nature of the tissue, by the rapidity or slowness of metamorphosis, and especially by the greater or lesser excitability of the tissue in relation to electro-motor force. Dr. Hale concluded by some observations on dynamisation, which he thought was capable of proof by well-known physical facts. He argued that during the process of attenuation the forces which before were potentially latent, became dynamically energetic, because of the molecular changes that occurred whilst it was going on. He concluded by suggesting that different potencies of medicines are more curative than others, in proportion as their rates of vibration are in harmony with the rates of vibration in the diseased organ.

In the discussion which followed,

Dr. DRYSDALE said that he was glad that such an interesting though intricate subject had been brought forward, and had been so ably treated by its author. No doubt molecular movements took place in living bodies, as in all other bodies in nature; but he did not agree with the author, that vibratory movements took place in any living action, or could be the basis of explanation of the specific differences among drugs or of their therapeutic actions. For that we must still go back to their operation as stimuli, which was something quite *sui generis* corresponding to the nature of vital actions themselves, which were utterly *sui generis*, and not paralleled by any chemical or physical actions. The proof of this lay in the fact that in all vibratory movements the molecule, at the end of each excursion, returned exactly to the same place as at starting; and also its

chemical constitution was unchanged. Whereas, in all vital action no doubt there was movement of the atoms and molecules, but, invariably they did not return to the same place, and there was change of composition. In no vital action did the material particles remain in the same state of composition at the end as in the beginning. So all vibratory actions are merely physical forces, and as such, dead; and all they could do in a living organism was to act as stimuli. For example, when the fibres of Corti respond to the vibration of similar vibrations in the air, or the rods and cones of the retina answer to those of light, the action is purely physical, although it took place by harmony between the periods of vibration. But, as far as that went, there was still no sensation of sound or light till the fibres acted on the living matter connected with them, and produced a vital change, which was apprehended in a vital manner by the sensorium. As to dynamization, he was satisfied that the whole physical effect of trituration and solution was merely that of reducing the mass to a state of finer division. And with respect to the apparently different, and at times apparently greater, effect of small doses than single large doses, he thought the explanation of Fletcher was still the best, viz., that all positive agents are stimuli to an increased action, primarily, which was followed sooner or later by a corresponding exhaustion of the specific effect. In this we have a natural explanation of the apparently opposite action of small and large doses. And when this is taken in connection with the fact that the susceptibility to the action at all of many stimuli may be exhausted, often quickly, we see the reason why repeated small doses may produce much more grave effects than one large dose given at once. The latter soon exhausts the susceptibility, and no scope or time is given for the more profound alteration of the protoplasm in which palpable disease consists.

Dr. SHARP was sorry to say he had heard Dr. Hale only imperfectly, and was scarcely prepared to discuss the subject at present. What he had heard was well worth thinking about.

Dr. HAYWARD, after thanking Dr. Hale for his very interesting and instructive paper, said he regretted that Dr. Sharp had not addressed them at greater length. He had hoped to hear some practical observations from him, especially as his (Dr. Sharp's) ideas on the subject were known to be peculiar. He had pleasure in agreeing with Dr. Drysdale in his remarks on the effects of large and small doses, and also on the subject of vibration. He thought it a very attractive idea, and one they were apt to be led away with. He agreed with Dr. Drysdale that it was a vital action, and not a vibratory action, they must look for in the result of their treatment.

Dr. PEARCE agreed with Dr. Sharp that this was a very wide

question, and one it was utterly impossible adequately to discuss in a meeting such as that. It was a subject not yet settled, and, in fact, one on which many men were very much unsettled. As a student of the action of doses for more than a quarter of a century, he thought they should always distinguish between the chemical and dynamic actions of medicines. It appeared to him that every medicinal substance was endowed with two distinct forces; one, belonging to the grosser or material form, which might be called chemical or mechanical, and the other, which partook more of the transcendental or electrical character. This might be seen in an experiment with a grain of zinc and a grain of copper, which, when their chemical action was developed by juxtaposition, would throw out a gigantic force previously pent up, and only liberated by their electrical relationship. In the same way he thought subdivision of a medicine set free a force—he would not call it a spiritual force—which, acting upon the vital organs, produced changes which were indicated by either detriment to the health or improvement in the condition of the patient. He had made many experiments in that direction, and was fully convinced that in very many diseases the higher potencies do produce changes much more quickly than those which are lower, though no doubt in other diseases this was not so. He trusted that the discussion would lead to further inquiry on the subject.

Dr. HUGHES, with all deference to Dr. Drysdale, was unable to acquiesce in his sweeping exclusion of molecules and vibrations from living substance. If the composition of dead matter were molecular, and its forces vibratory, why should we suppose that such molecules ceased to exist, and such vibrations to go on, because the matter had assumed that “metabolic” state of combination in which, and not in any added entity, Dr. Drysdale himself had taught us that life consists? For himself he agreed with Dr. Hale in looking to these two great imaginations of science as the preparation for the reception of homœopathic doctrine. If force be conceived as undulatory, it was easy to recognise that two similar undulations might neutralise one another; and to the conception of matter as molecular, the infinitesimal dose fits itself in evident harmony.

Dr. SHARP said he had been alluded to as contending that small doses act in a contrary direction to large doses; this they certainly did in health. It had been said, “No, they act in the same direction.” He wished to say that these differences arose from a difficulty as to words. When he said small doses act in a contrary direction to large doses, he meant simply as regards their *results*. If he rubbed *two drops* of *belladonna* on his temple, the pupil would be *dilated*; that was a fact in one direction. If he rubbed a *fifth part* of a drop on his temple, the

pupil would be *contracted*; that was a fact in the opposite direction. He knew nothing of the manner in which this took place; none of them did; and it was waste of time to talk about what they did not and could not understand. Let them be content with results, and study those results, which might be turned every day to good account at the bedside of the sick. In his opinion they would never know the modes of action.

Dr. HALE in reply said, he thought that the latest physiological discoveries showed that nothing whatever took place, either in the human body or any other body, where any phenomena can be observed, whether light or heat, or electricity, where "motion" does not occur. In fact, what we call life is motion. He believed if he were to attempt to prove that there was any entity acting apart from matter, Dr. Drysdale would be the first to argue against such a view. He had preferred the word "vibration" to that of motion, merely because it gave a more distinct idea to his own mind. With regard to chemical action, he believed that in some cases cures were effected by some chemical effect of medicine, but that, in the main, the majority of effects were produced by its dynamic action. He did not mean to convey the idea that the quality of the drug was changed by vibration, nor that its special qualities underwent any change; it was simply a matter of dynamic action, in relation to degree and force. Medicine had a quality which never departed from it, but its dynamic action was always either *plus* or *minus*. He thought the experiments submitted by Dr. Sharp to demonstrate a principle, required to be largely extended before they could be accepted. He was of opinion that in carrying on experiments on a healthy body, the person so experimented on should be in complete ignorance of the medicine undergoing proof, and that his mind should be free from all influences likely in any way to interfere with the action of the medicine. He was satisfied that this discussion would bear fruit, and would lead to more inquiry into the subject. He maintained that in physical science nothing could be called "unknowable;" the unknown of to-day was the well-known of to-morrow. Therefore he hoped that, with all the difficulties which surrounded the subject, still it was not an unknowable one. He concluded by thanking the meeting for the attention which had been bestowed upon his paper.

Dr. E. BLAKE then read a paper on "*Malignant Growths*." This paper we hope to be able to publish in our next number; the following is a brief abstract of it.

Dr. BLAKE, commencing his paper by some observations on the nomenclature of cancer, classified all cases as scirrhus, encephaloma, and cancrioid, including in the last epithelioma, lupus, and similar growths. Cancer Dr. Blake regarded as being primarily in many instances a perfectly local disease, while in

others, possessing the constitutional taint of cancer, it was constitutional. In illustrating this part of the subject, he compared cancer with tubercle and the strumous diathesis. In passing on to the treatment of cancer Dr. Blake expressed a strong opinion that cancer was curable. The medicines at present found most useful were, he thought, *conium*, *hydrastis*, and *galium*; several cases illustrating the conditions in which each was most advantageously employed were read. In operating, Dr. Blake preferred the action of caustic and the wire ecraseur to the knife, against the use of which he protested. He concluded by referring to the circumstances necessary to be kept in view in selecting cases for operation.

In discussion,

Dr. WOLSTON said that, however well suited Dr. Blake's treatment might be in certain cases of cancer, there were others in which he thought it would not answer; he alluded to cases in which the axillary glands were affected and enlarged. In such cases there was great hope of recovery from removing the breasts entirely, and the affected glands with them. He had been assured by the most eminent surgeons that this could be done with great facility and security, however large the cancer; and that by so thorough an extirpation of the diseased tissues, health might be spared for many years. In one case of cancer he had found the administration of *hydrastis*, and also of *calc. c.*, of great service; the latter was given in high dilutions. His patient came to him about seven years ago with tumours in both breasts, each larger than a hen's egg, and after the use of the remedies he had mentioned, she was relieved of pain, the tumours became smaller, and she was now alive and in very fair health. In another, where the breast had been affected by cancer, the knife was used, and the tumour returned after a time. A second operation removed it, about five years ago. During the two following years *hydrastis* 3x was steadily taken internally. The patient was now in good health. He thought Dr. Blake's sweeping exclusion of the knife ought to be received with exceptions.

Dr. SHARP stated that some years ago Sir James Paget made a collection of all the cases occurring in a large hospital practice, and as far as possible went into the details of each, as to the number of months each lived after the operation, and compared these with an equal number of cases as similar as possible, which had not been operated upon. The conclusion he arrived at was, that supposing two persons having cancer of the same kind, and in the same stage, the one who was not operated on would live longer than the one who was.

Mr. POPE said that a very interesting paper had been read at the British Homœopathic Society by Dr. Craig, of Scarborough,

during the last session, in which he referred to the influence of medicinal measures in prolonging life after an operation, and the observations made by Dr. Craig seemed to tend to prove the fact that a person who was a favourable subject for the removal of a cancerous tumour, if placed upon a proper course of treatment after the operation, had a much more favourable chance of recovery than one where all operative measures were omitted, or one where an operation having been performed had not been treated specifically afterwards.

Dr. CRAIG (Scarborough) said that he had found it a good plan to remove the whole breast, following the operation up by the most carefully selected homœopathic remedy. He had been comparatively successful, and had certainly eight or nine cases living who had been operated upon above ten years, and a great many more on whom he had operated within that time. He thought that by removing the whole breast they had a much better chance of controlling the disease by their remedies alone.

Dr. COOPER felt certain that the time was coming when they would have a cure for a great number of forms of cancer. He thought the first thing to be done in order to find out a remedy was, to work out the etiology and pathology of cancer. It had been remarked that there was a close connection between common warts and cancerous growths, the one often being associated with the other. This was especially the case with sweeps. It would be found that sweeps who were subject to cancerous growths were not subject to warts, and those subject to warts were not subject to cancerous growths; the point was, that soot apparently produced both cancerous growths and warts. Now one of the most reliable cases of cure of cancer by remedies was that of Marshal Radetzky, and the chief remedies administered were *thuja*, which we find disperses ordinary warts like magic, and *carbo animalis*, the latter of which, he need not say, was a substance closely allied to soot.

Dr. DUNN was, after some experience, disposed with Dr. Craig, to take a more favourable view of operations with the knife. It should be borne in mind that when ladies consulted them with reference to cancer, it was generally in a very late stage. He certainly thought that in cases where the cancer was well defined, its removal by the knife tended to prolong life. He thought in all cases patients lived longer after having had the operation performed than without. It should also be remembered that, when left alone, the tumour degenerated, and became a running sore, and the sufferings of a patient then are certainly much greater than would be caused by any removal with the knife. He would be glad indeed to have any better method of cure, but certainly would not give up the knife in cases where it seemed admissible.

Dr. HAYWARD advised the use of the knife in suitable cases. The presence of the tumour was an aggravator of the patient's condition, and its removal was a removal of the cause of aggravation, though not of the cause of the generation of the disease. He related the case of a lady patient, who came to him with a tumour in the breast, which he removed by the knife. Within three months it returned, and was again removed. It again returned, when under the advice of Dr. Drysdale, he gave up all idea of again resorting to the knife. It then occurred to him that the tumour was the result of a certain condition of the body, and he administered the appropriate remedies. The patient improved wonderfully in health, the disease entirely disappeared, and the lady is to this day in good health. This cure he attributed entirely to an examination into the etiology of the disease.

The proceedings then closed with a cordial vote of thanks to the President, proposed by Dr. Dunn, and seconded by Dr. Sharp, and to the gentlemen who had prepared the various papers.

THE DINNER.

The business of the day being concluded, the members dined together at the Pall Mall, Regent Street.

After an excellent and elegant dinner, the PRESIDENT proposed "The health of the Queen and the Royal Family." The National Anthem was sung by Dr. R. HUGHES, Mr. THEOBALD, Dr. M'KECHNIE, Dr. BLACKLEY, and Mr. TURNER.

Dr. YELDHAM said, "When we cast our eyes across the Channel, and see the two oldest monarchies in Europe torn to pieces by dynastic dissensions, we may congratulate ourselves that there is at present no prospect of the House of Hanover being without an undisputed heir to the throne of this country. (Hear, hear.) We are happy in the possession of a large and united Royal Family, and not the less are we happy in the discretion which the younger members of that family display in their public conduct; they have the good sense to eschew politics, but they show themselves ever ready to lend a helping hand in keeping in motion the great machine of English society. (Hear, hear.) In this I think you will agree with me that they show superior wisdom, for whilst politics are ever changing, and will make you as many enemies as friends, the social virtues have their foundation in the deepest recesses of the human heart, and are as lasting as human nature itself. On every account the younger members of the royal family deserve our respect and affection, and I have great pleasure in proposing to you that we drink "The health and happiness of His Royal Highness the Prince of Wales, the Princess of Wales, and the rest of the Royal Family."

The toast was drunk with all honours.

The PRESIDENT then said, I have now to call on you to fill your glasses to another toast. It may seem somewhat surprising that gentlemen engaged in the art of healing should be drinking to the health of those whose business it is to kill. Still we always look upon the army, navy, and volunteers—all using instruments of destruction—as our friends, because although their business is apparently antagonistic to our own, they really send us a great many patients. (Laughter.) Therefore I am sure you must feel great respect for the three services. Two of these services, the army and navy, have greatly distinguished themselves in the war in Africa, and I have no doubt the volunteers, when their turn comes, will equally distinguish themselves. In proposing this toast I have to couple with it the name of a gentleman now present who belongs to the reserve forces, viz., Dr. EUGÈNE CRONIN. I ask you to drink to “The Army, the Navy, and the Reserve Forces of this Kingdom, coupled with the name of Dr. Eugène Cronin.”

Dr. EUGÈNE CRONIN expressed his thanks for the cordial way in which the health of the army, navy, and reserved forces had been drank. Dr. Dudgeon had told them that they were destructive of life; he desired, however, to say, that in that sense he had no connection with either of these forces, his duty being really to heal the damage they had wrought. He begged in the name of the three respective bodies to thank them for the very hospitable manner in which their names had been received.

The PRESIDENT.—The next toast I have to propose is a somewhat difficult one. I have always thought it an exceedingly arduous task to propose a toast to the memory of a dead person, because we must attend to the Latin proverb, which says, “*de mortuis nil nisi bonum*,” and of a great many people it cannot be that we can say nothing but good of them. On the present occasion, however, the one to whose memory we are to drink is of such an exceptional character, that that difficulty is entirely removed. Of him we can indeed say nothing but good—nothing but the very best. It is a name that stands out prominently in the history of medicine; a unique character, differing from any of his predecessors in this way. All the great names of medicine are distinguished for some discoveries in physiology, anatomy, or the invention of some pathological theory, but none have been famous for increasing our direct power to cure disease. Hahnemann is the only one of all the names I can remember who will be celebrated throughout all ages for having introduced a new and complete system of medicine, one which has been found so efficacious in curing disease, that it has produced an entire alteration and revolution in the whole face of medical practice. Since the death of Hahnemann,

the practice of medicine has changed much ; it has partaken of the spirit of this mechanical age. We use more instruments now in the investigation of disease than were used in all the preceding ages of the history of medicine ; we go to our patients furnished with half a dozen "scopes," "metres," as many "graphs," chemical tests, and all that sort of thing. In Hahnemann's days none of these things were invented, and yet, it must be confessed, that Hahnemann's practice was more successful than that of any of the old school practitioners, and we would be very well content ourselves if our own practice, with all our "scopes" and "metres," with the knowledge of homœopathy which he has furnished us with, were equal to his. Hahnemann, without any aids and appliances such as we now possess, cured disease more successfully than had been done before, and his practice is still a model for our imitation. We shall thus be able to connect Hahnemann in our minds with something peculiarly great and noble and heroic in the medical profession. I have no hesitation in saying that it is my firm belief that the name of Hahnemann is the greatest name that has appeared in medicine from the remote times of Æsculapius. Under these circumstances, gentlemen, it is a pride and an honour for us to call ourselves the followers of Hahnemann, and I have no doubt you will be pleased to drink with standing honours, though in solemn silence, to the memory of that great and good man, SAMUEL HAHNEMANN.

The toast was drunk in silence.

After which "Hail, Smiling Morn" was sung by the gentlemen whose names have been given.

Dr. YELDHAM, in rising to propose "The Prosperity of the Homœopathic Hospitals, Dispensaries, and Societies," said—Mr. President and Gentlemen,—I appear before you not as a volunteer, but rather as a "pressed man." I am sorry to say that the toast which was assigned to Dr. Dunn has fallen to my lot. In fact the Dr., by quitting the room, has *done* us ! and I am called upon to say a few words in support of the toast. I am sorry, because it is thrust upon me with so short a notice, that I shall be able to do it but very inadequate justice. Still, having been for the last 23 years connected with the London Homœopathic Hospital, and having during all that period felt the most ardent interest in its welfare, having also the highest opinion of the Hospital, as amongst us the most potent of means of disseminating the knowledge of homœopathy, and of impressing the public with its value and importance, I cannot, when called upon, refuse to say a word or two on the subject. (Hear, hear.) You will naturally suppose that the London Homœopathic Hospital is uppermost in my mind. This Hospital has now been established for 23 years. It has done,

and is still doing, most excellent service for homœopathy. I therefore hope that the London Homœopathic Hospital will receive from all of us that support which it deserves, not only as a charitable institution, but also as a weapon in our hands, whenever we have to fight the battles of homœopathy. We must not look at it in a contracted view, but must take a broad view of the subject, and lend a helping hand to keep it in a state of progressive advancement. After some reference to the Bazaar and the Fine Arts Distribution, which have taken place since the Congress, Dr. Yeldham continued:—So much for the London Hospital. You are aware that there are other homœopathic hospitals in England, and they all equally deserve our good wishes, and, as far as possible, our support. There is one particularly on the tapis just now, viz., the proposed new Hospital at Birmingham, which is coming forward under the most promising auspices. I am sure we all heartily wish it, and every other hospital and public institution, all the success which each so well deserves. I have great pleasure in proposing “The Prosperity of the Homœopathic Hospitals, Dispensaries, and Societies in England, coupled with the names of Dr. Hale and Dr. Bayes.”

Dr. HALE in responding, said:—I feel it a very high honour to be made the mouthpiece for returning thanks on behalf of our hospitals and dispensaries, and I can quite echo all that my friend Dr. Yeldham has said, especially with respect to our hospital in London, to which, of course, being in London, our thoughts are more immediately directed. At the same time I am quite sure that the staff of the London Homœopathic Hospital have a very sincere wish for the prosperity of all the hospitals and dispensaries, throughout England. Dr. Yeldham has told us that this hospital has been in existence for twenty-three years. Well, now, it certainly has seventy beds, and the beds are almost always full. But I would ask the members of our body here present, numbering I believe nearly one hundred, after twenty-three years, ought we not to have a larger hospital than that containing seventy beds? Why should we not have a representative hospital, with one hundred beds, at least. We are now passing through a very critical phase of our existence; let us, as a corporate body, hold together; let us do everything we possibly can, by every legitimate means in our power, to advance the cause of homœopathy, and the support of a hospital is an especially legitimate means, and will be an especially successful means of showing to the allopathic world that homœopathy is not dead, that it is alive and a working system, that it has not degenerated in activity and zeal, and that we are prepared to hold our own in comparison with any other hospital in the kingdom. With these few remarks I beg to thank you for the kind wish

that Dr. Yeldham has expressed for the success of the hospitals and dispensaries in this kingdom.

Dr. BAYES, in responding, said the British Homœopathic Society had been in existence for thirty years; and besides this there were other provincial societies in the North of England and in the Midland Counties. It had been said by some of their opponents that they were sectarian in having societies called Homœopathic Societies; but it should be borne in mind that they would not have had a society of their own had they not been ostracised from the other medical societies. It was in self-defence that homœopathic societies were established. He hoped that all those who professed to believe in homœopathy would rally round the British Homœopathic Society, and that those not at present members of it would join the Society, in order that they might have, as they ought to have, a means of placing their great medical truth before the public, and of discussing scientific subjects in their relation to homœopathy, and of examining into those improvements in the homœopathic method which from time to time modern science enabled them to introduce into it. It had been said by some of their country friends, "what good do we derive from the British Homœopathic Society? It meets in London, and we have not the opportunity of attending its meetings, or at least only at a very considerable distance of time." But what had been done last night by the Society would remove that objection, for out of the funds of the Society £100 had been voted for the necessary expenses of publishing a new work on Practical Medicine, a work felt to be of immense importance and a great necessity. Other monies would in a similar manner be forthcoming if a fair and legitimate mode could be shown in which that money would benefit the interests of homœopathy, and therefore the interests of the profession and of the public at large. He thought, therefore, they had a very fair ground to go upon in asking for the very cordial support of all those physicians and surgeons who are practising homœopathy in the United Kingdom.

GLEE: "Oh! who will o'er the downs so free."

Dr. SHARP in rising to propose "the prosperity and increased usefulness of the homœopathic Medical Journals," said, I feel sorry to have this toast to propose, because I am sorry that these journals exist; and why am I sorry that they exist? Because they could not exist but for the unhappy jealousy of feeling, and tenacity of opinion in our medical friends of the other school. If our papers could have been published, as they ought to have been in the medical journals of the day, there would have been no need for homœopathic medical journals. I am sorry that they exist, because they arise out of a temper of mind which is to be regretted. But, seeing

that this necessity did arise, I can, with a glad heart, ask you to drink to the prosperity and success of these journals, because the necessity for them did exist, and they have done well, and are doing well. We have to thank some of our friends here for beginning them under very unfavourable circumstances, when they were almost without support; and also for continuing them during the long period of thirty years. The laity ought to be thankful for the benefit which these medical journals have conferred, inasmuch as they have spread this improved method of healing, and they have done so with very much self-denial on the part of those who have conducted them. Perhaps I ought to be sorry on another account, because, as most of you know, I have received some very hard knocks from some of these journals myself. I however beg you to understand that I propose this toast very heartily; they have not knocked me down; and I am very glad to have this opportunity of proposing their success, and of coupling therewith the name of Dr. Richard Hughes.

The toast was then drunk.

Dr. HUGHES said, With somewhat the same feelings with which the youngest bachelor returns thanks when the health of the ladies is proposed, I rise to return thanks on behalf of the homœopathic journals. I believe that there is a great future in store for homœopathic literature. Men in the old school, as regards therapeutics, are getting weary and faint, they are saying "Who will show us any good?" and I believe that one of these days they will come to us and say, "You seem to have a faith; you seem to believe that you can do your patients good; you are using heartily and joyfully medicines which we have renounced as inert or noxious; is there anything in your system?" I believe some day they will come to us for this purpose, and we should have something to show them, something worthy of the age in which we live, worthy of the advance which medicine, in common with all other science, has made. We should not put into their hands the works with which even Hahnemann has furnished us in times past, for he could not but share in the position in which his age was. We should be able to give them something worthy of the advance of medicine. I would say to all, bring out of the stores of your experience, out of the treasures of your thought; so that if that day does come, we shall be able to offer them a homœopathic literature of which we need not be ashamed. I beg to tender my thanks to the meeting for the toast so kindly proposed.

Mr. THEOBALD rose to propose "The health of our Visitors." He said, the toast I have to propose raises in my mind a sense of high responsibility. We are privileged and honoured by the presence of several visitors, and we feel that in entertaining them as we have done this evening, we are proving to them that

the homœopathic bill of fare is not perhaps infinitesimal in quantity, nor very contemptible in quality, (hear, hear), and in receiving them we are conscious of an honour which is of a very significant character, for they represent a large and varied class of society. In proposing this toast I am allowed to couple with it the name of Mr. CAIRD, who is well known as the author of some extremely valuable contributions to the *Times*.

The toast was then drunk.

The PRESIDENT said that Mr. Caird was connected with homœopathy in a very distinguished way. During the time of the cattle plague he was chairman of the committee appointed to inquire into the homœopathic treatment of the cattle plague, and those present who were connected with that Committee would be aware that Mr. Caird, by his good business talents was able to make the operations of the Committee of real benefit to homœopathy.

Mr. CAIRD said, I confess previously to the remarks just made, following the observations of our excellent friend who proposed this toast, it was difficult for me to imagine in what possible manner I could be held as representative of any interest whatever connected with homœopathy. As my friend Dr. Dudgeon has remarked, I had the pleasure some nine years ago of filling the chair of Vice-President of the homœopathic committee for the cure of the cattle plague, which sat for some time in London; I believe some members of that committee are present, and well remember the zeal which was displayed by all in connection with that movement; and no doubt the labours which we undertook, so far as they progressed, were highly satisfactory, and were brought to a conclusion not from any want of energy on our part to give a fair field to the homœopathic system in the cure of the cattle plague, but simply from its having been determined to introduce the pole-axe to the exclusion of all other remedies. I must confess I have listened with great pleasure to, and have derived much information from the very excellent address and papers which have been read to-day. I beg to thank you for the very cordial manner in which you have drunk the health of "strangers," and for the agreeable and instructive entertainment you have favoured us with.

Dr. HAYLE (Rochdale), I have a grateful task to perform, viz., to express, in the name of this meeting, a pleasure felt, and thanks offered. I cannot but express the pleasure I feel, when contrasting my last visit to London thirty-two years ago, when the number of homœopathic practitioners in London was so small, as compared with the present glorious gathering. I have always had a little of the prophetic spirit in me, and even then, I saw that the fields were white to the harvest, because I knew that the facts were with us. I do not care what men say if facts are with us. Let us have facts, and they will carry us

through. But my present duty, without further digression, is to propose "the health of the contributors of the papers which we heard this morning." You have all heard them, and at this late hour it is perfectly unnecessary for me to characterize them. You have already done that in your minds. I can only say that we have had a pleasant mixture of theory and practice, imagination with fact, and a number of opinions have been expressed on all sides of the several questions raised which show that there is life amongst us. I think this Congress is a very good idea; it brings men together who never met before. He was a wise man who said, "As iron sharpeneth iron, so doth the countenance of a man his friend." And I think, after a meeting like this, we shall all go home with a greater regard for one another than before. I have therefore great pleasure in proposing the health of these gentlemen, Dr. Dyce Brown, Dr. Hale, and Dr. E. Blake. There were three other papers to have been read, and which on some other occasion would be hoped be read, those by Dr. W. B. A. Scott, Dr. Sircar of Calcutta, and Dr. Camara of Rio de Janeiro. All the labour in preparing these papers has been gone through, and I am sure we feel equally thankful to their authors, though the time did not allow of our hearing them read; and I would therefore couple their names with those of the other gentlemen named. I would now sit down, heartily thanking these gentlemen in the name of the meeting for the papers presented to us.

The toast was then drunk.

Dr. EDWARD BLAKE in responding said, he rose to return thanks for the kindly expressed appreciation of the papers which had been read. To do so gave him great pleasure, as it had done to prepare his paper for their listening. He wished to remark on some observations which had been made as to the means by which they were to progress in their successful treatment of certain diseases. He did not think it was by watching the etiology of those diseases, but by carefully proving upon themselves new substances as they turned up; by interrogating nature with assiduity and patience. For those who sought her with modesty, yet with serious and earnest purpose, she would ever reserve her choicest secrets.

Dr. HOLLAND proposed "the health of the President and Vice-President." He said that he could not convey an adequate idea of his feelings in rising to propose this toast. He had known Dr. Dudgeon for the last twenty-five years; and it was quite appalling to him to reflect that he must have been acquainted with his friend Dr. Yeldham for at least forty years; and it appeared to him but yesterday that they were fellow students together. He had been a practitioner of homœopathy for thirty years, and he would confess that, having been a clinical clerk to the late Dr. Elliotson for two years in St.

Thomas's Hospital,—having watched his practice, and been perfectly satisfied with it—and perhaps no man ever gave such wholesale doses as Dr. Elliotson—of course, when the little globule was held up to him, and represented as a giant that would knock down every disease, he looked upon it as the greatest humbug ever attempted to be palmed off upon the credulity of mankind. He was, however, thankful that he had seen the error of his hasty conclusion, and that he had embraced the principles of homœopathy. The President had favoured them with a most instructive and soul-stirring address, a more eloquent one he had never listened to, and he had no doubt when that address was published it would be the means of doing more to promote the progress and advancement of homœopathy than anything antecedent to it. With regard to his venerable friend Dr. Yeldham, he felt sure that in expressing his own feeling of respect and esteem towards him, he was only speaking the sentiments of all who had known Dr. Yeldham even for a fifth part of the time he had; and they would all agree with him that he was worthy of their highest esteem and respect. He had very great pleasure in proposing the long life and happiness of the President and Vice-President.

The toast was enthusiastically drunk.

The PRESIDENT in reply said, it is with feelings of great gratitude to you for the patience with which you have listened to me, that I rise to return you my hearty thanks for the kind manner in which you have drunk my health, and to Dr. Holland especially for the very kind way in which he has proposed the toast. I assure you, gentlemen, that although Dr. Holland has bestowed upon me a certain amount of eulogium, which I feel to be undeserved, in the conduct of this Congress to-day, my duties have been very light indeed, comparatively, because I have been assisted not only by my excellent friend Dr. Yeldham, as vice-president, but by those most efficient officers, the secretaries—the treasurer was unfortunately unable to be present—and these gentlemen really deserve all the credit of the meeting, such as it has been. I am sure you will be well satisfied with the numbers that have attended, the character of the gentlemen who have collected here from all parts of the provinces, and the able papers that have been read at the Congress to-day. I thank you, gentlemen, most sincerely, and leave the Vice President to return thanks for the portion of the toast which applies to him.

Dr. YELDHAM said, passing by the historical reminiscences of my friend, Dr. Holland, and also the kind things which he, in a too partial remembrance of our long friendship, has said of me, I beg to thank you for your kindness in drinking my health in connection with that of the President. My office has been a purely honorary one; I am, however, the more sensible of your

kindness in thus cordially receiving the toast which has been proposed.

Dr. CRAIG, in rising to propose the health of the Treasurer, Mr. Fraser, said—I have now to call on you, gentlemen, to bestow upon your Treasurer the recompense which is accorded to him for his services during the year. He, unfortunately, has not been able to be present on this occasion, but I can assure you that he is a very industrious attendant upon all our homœopathic meetings in the north, and invariably presents himself when duty calls. He is a very efficient treasurer, and we know that, in his absence, he has named a deputy, who has certainly proved himself most able and efficient in the discharge of his duties. I will, therefore, call upon you graciously to excuse Mr. Fraser's absence, and to acknowledge by cordially drinking his health, his services as your Treasurer.

The toast was then drunk.

Dr. DRURY—The toast I have to propose is the names of the two gentlemen who have been instrumental in getting together the assembly we have present on this occasion; and as there can be no two opinions as to the unqualified success which has attended their exertions, I am sure you will have great pleasure in drinking the health of the secretaries to the Congress, Dr. Gibbs Blake and Mr. A. C. Pope. We must all admit they have well earned the hearty thanks of the Congress for the services they have rendered. I have great pleasure in proposing the health of the secretaries to the Congress.

The toast was duly honoured.

Dr. GIBBS BLAKE said—I am very thankful to you for the kind manner in which you have drunk my health and the health of my fellow-secretary. I can only say that the hard work of the day has fallen upon him more especially, and particularly the hard work of the days that have gone before. At the same time, I may say for Mr. Pope, as well as for myself, that we have had great pleasure in preparing, as far as we have been able, for the proper reception of and for the satisfactory carrying on of a Congress like the present. I am very pleased to find that we have so large a number, and only hope that at Manchester we shall have a still larger meeting. The Congress may depend upon our doing all that we can to secure this end.

Mr. A. C. POPE said—It has given me, I can assure you, very great pleasure indeed to have contributed in any measure, however small, to the success of our meeting here to-day. I am quite sure that, after such a gathering as we have witnessed here—after such an address as we heard this morning, we shall return each to our several spheres with our faith strengthened in those principles of therapeutics which distinguish us from the great majority of our medical brethren. And we shall also

have the assurance strengthened and confirmed that in time to come the great principle which we recognise as of such vast importance will receive universal recognition. I think that such meetings as we have had to-day also tend greatly to assist us in passing through that weary time of opposition which it is our lot to endure. It is an opposition of no insignificant order, for it is one characterised by the utmost unfairness, by the most abject cowardice, and by the most unblushing plagiarism. It is an unfairness which is marked distinctly when we see such journals as the *Practitioner* and the *Lancet*, ready and willing, at all times and under all circumstances, to publish any statement, however erroneous, however false, regarding homœopathy or homœopathic practitioners, and at the same time unreservedly refusing to admit any reply to such statements. We see this cowardice marked by a journal occupying the position of the *Medical Times and Gazette*, not daring to insert an advertisement of a book brought out by a firm known to publish the works of homœopathic practitioners, whether its subject be one connected with homœopathy or not. And as to the plagiarism, what shall I say of it? Every week that brings out the journals gives us evidence of it, and it would not greatly surprise me to find that in time to come that large newspaper proprietary, known as the British Medical Association, should announce as the subject for its Hastings medal, an essay upon the Action and Uses of Belladonna, and that the successful essayist should quietly appropriate the whole of the work which had been done by our friend and colleague, Dr. Hughes, the publication of which has been refused an announcement in the *Medical Times and Gazette*. I think then, sir, that such meetings as we have had to-day, and such an address as you favoured us with this morning will tend greatly to enable us to endure opposition of this kind with lighter hearts and more equable tempers. Before I sit down I shall be glad if you will allow me to conclude what I have had to say by asking you to drink to the health of four or five of our friends who have kindly favoured us this evening with their vocal services, and I desire to couple with that toast the name of my friend and neighbour, Mr. THEOBALD, who is not only an excellent vocalist, but a first-rate homœopath, and a most friendly and obliging neighbour.

The toast being drank,

Mr. THEOBALD in responding said, it afforded him pleasure to acknowledge this very unexpected toast. If they had in any way contributed to the many harmonies of that harmonious gathering, they were gratified exceedingly. He begged to thank the Meeting for the kind manner in which their services had been acknowledged.

The PRESIDENT then declared the Meeting concluded.

THE HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of this society was held in London, at the Homœopathic Hospital, June 3rd, 1874, Dr. BAYES, vice-president, in the chair; and there were also present Drs. Drysdale, Black, Hayward, Pope, R. Hughes, J. Gibbs Blake, W. S. Craig, Holland, Mr. A. C. Clifton, Dr. G. Clifton, Mr. Engall, Dr. Hewan, Mr. Harris, Dr. Mackechnie, Dr. Moore, Dr. Roth, Dr. Smart, Dr. Markwick, and Dr. Nicholson.

The minutes of the previous annual meeting having been read and signed, the secretary read the following report of proceedings since last annual meeting:—

“In accordance with the agreement entered into at the last annual meeting Mr. Turner has published Part VI. of the *Repertory*, as prepared by Dr. H. Nankivell. He brought it out at 6s. 6d. per copy, and supplied 75 copies to members of the society at 5s. 3d. per copy; and for these I have paid him £19 18s. 9d. Dr. R. Hughes's arrangement of the symptoms of *belladonna* for the *Materia Medica* has also been published; 500 copies cost £32 4s., less £1 12s. discount for cash. This also I have paid.

“After deducting the value of copies for the British Museum and Stationers' Hall, and to editors and the author, with the charge for advertisements, &c., this part of the *Materia Medica* will cost the society about 2s. per copy; the price has been fixed at 2s. 6d. to members and 4s. to non-members. I have distributed 76 copies to members, 12 to the author, 6 to editors, 1 to the British Museum, and 5 to the Stationers' Hall; and I have sold 6 copies to Mr. Capper, and sent 6 copies to Baillière and Co. on sale or return; and I have advertised it in the *Medical Press and Circular*. I also sent the advertisement to the *Medical Times and Gazette*, but it was refused admission.

“From motives of economy the President and myself took the entire charge of the publication of this book, and I have, as treasurer, taken charge of the whole stock and its sale and distribution to members.

“I have also obtained from Mr. Turner the whole of the remaining stock of books belonging to the society, which had been deposited with him by the late treasurer, viz., 40 copies of the *Pathogenetic Cyclopædia*, 88 copies of the *Materia Medica*, Part I., and 299 copies of the *Materia Medica*, Part II.

“All accounts between Mr. Turner and others and the society have been settled up to the present date. I have gone carefully through the late treasurer's books, and thoroughly revised the accounts of the society; and by an immense amount of correspondence I think I have ascertained the financial position in which each member stands to the society. I have also written to almost all those gentlemen whose names were on the list of membership. By this I have found that several gentlemen's

names had been entered without their request, and they had been supplied with the society's books, though they had not paid any subscription ; some of these gentlemen have since paid me a subscription, but others have refused to do so, and have only paid me for the books that had been sent to them.

" Since our last annual meeting one member, Dr. John Murray Moore, has resigned, and eight new names have been added. I am happy to be able to say we have not lost any by death. The list of members, therefore, now comprises 73 names (a discreditably small proportion of our body, it must be confessed). Of these 23 are old proprietors, and some of these have still a large sum to their credit in the society, while others have nearly exhausted their payments ; 50 are subscription members, and some of these have exhausted their first subscription, and had books from the society, a few to the extent of running into a third guinea.

" I have sent to each member whose subscription had expired (in all 33 members), a statement of his account, and a request that he would send me a further subscription. To this 17 only have responded, and there therefore remain 16 members who have not paid their subscriptions that are due. The subscriptions now due (May 31) amount to £ 25 4s. I have received the balance of the funds of the society from the late treasurer, some subscriptions from new members, and some fresh subscriptions from old members ; and I have sold some of the society's books ; altogether I have received since last annual meeting the sum of £84 9s. 2d. I have paid Mr. Adlard for the printing of Part III. of the *Materia Medica*, and Mr. Turner for Part VI. of the *Repertory*, and other books supplied to members ; also the late treasurer for petty expenses, and our arbitrator for expenses connected with the arbitration ; also for advertisements, postages, envelopes, and other small expenses ; altogether I have paid the sum of £ 68 14s. 7d., leaving a balance in the treasurer's hands of £ 15 14s. 7d., which, with the £ 25 4s. due in subscriptions, make a total of £ 40 18s. 7d. ; so that the society has funds to meet the expense of bringing out any work likely to be presented by the Publishing Committee. There also remain in the treasurer's hands 37 copies of the *Pathogenetic Cyclopædia*, valued at £ 16 13s. ; 80 copies of the *Materia Medica*, Part I., valued at £ 22 ; 293 copies of the *Materia Medica*, Part II., valued at £ 29 6s. ; and 394 copies of the *Materia Medica*, Part III., valued at £ 49 5s. ; total, £ 117 4s. ; so that the present total assets of the society amount to the goodly sum of £ 158 2s. 7d. The particulars are fully displayed in the form of a balance-sheet in the treasurer's book."

Whilst this report was being discussed, Dr. HEWAN and Mr. HARRIS were appointed to audit the accounts. After the ac-

counts had been audited, and the foregoing report discussed and adopted, Drs. DRYSDALE and R. HUGHES presented what they had prepared as a preface to the *Materia Medica*. This was accepted, and ordered to be printed, the form to be such as to correspond with the *Materia Medica*, and some extra copies to be struck off for special distribution.

The *Materia Medica Committee* reported that Dr. REITH had refused to undertake the arrangement of the symptoms of *digitalis*; that Dr. DYCE BROWN had objected to arrange the symptoms of *conium*, but that he had offered to arrange those of *nitric acid*; that considerable progress had been made in the arrangement of the symptoms of *natrum muriaticum* by Dr. GALLOWAY; of *crotalus*, by Dr. HAYWARD; and of *naja*, by Dr. PYBURN; and some progress with *phosphorus*, by Dr. BURNETT; and with *mercurius*, by Dr. HAWKES; and that Dr. R. HUGHES had volunteered to arrange the symptoms of *iodine*.

The *Repertory Committee* reported that the supplements to Chaps. I., II., III., by Dr. DUDGEON, and Chaps. F. G. and Back, by Dr. STOKES, were nearly ready; and that some progress had been made in Chaps. Sleep and Dreams, by Dr. MACKECHNIE; Urinary Organs, by Drs. G. A. CRAIG and THOMAS SIMPSON; Neck and Back, by Drs. E. W. THOMAS and E. T. BLAKE; and Fever, by Dr. CARFRAE; also that Dr. J. G. BLACKLEY had promised to prepare Chap. Skin; and Mr. A. C. CLIFTON Chap. M. G.

The *Therapeutic Committee* reported the receipt of a chapter on Obesity, by Dr. KER, of Cheltenham. The British Homœopathic Society, at their meeting the same evening, undertook to advance £100 to assist in the preparation of the Therapeutic Part of the Repertory. Workers for this part are now earnestly solicited.

Dr. GEORGE CLIFTON, of Leicester, and Dr. NICHOLSON, of Bristol, volunteered to assist in the society's work, and it is earnestly hoped that others will do the same.

Dr. W. S. CRAIG, of Scarborough, was elected president; Dr. H. NANKIVELL, of Bournemouth, vice-president; and Dr. HAYWARD, of Liverpool, treasurer and secretary; and the following committees were appointed, viz.:—

I.—*Printing and Publishing*: The President, Vice-President, Treasurer, and Secretary.

II.—*Materia Medica*: Dr. Dudgeon (convener), Drs. R. Hughes, Hayward, Pyburn, Galloway, and Burnett.

III.—*Repertory*: Dr. Drysdale (convener), Drs. Black, Stokes, H. Nankivell, Mr. Procter, and Dr. J. G. Blackley.

IV.—*Therapeutic*: Dr. Pope (convener), Drs. Dudgeon, Drysdale, Black, J. Gibbs Blake, and Ker.

It will thus be seen that this society bids fairly to be a real power in furnishing our body with absolutely essential and

otherwise unprocurable works. And we would again repeat the expression of the editor of the *Homœopathic Directory*: "We trust that each of our readers, if he has not already done so, will join the society; and we would also suggest that, pending the completion of the therapeutic part, each subscriber should obtain and become perfectly familiar with the use of the repertory already issued by the society."

NOTABILIA.

BAZAAR IN AID OF THE FUNDS OF THE LONDON
HOMŒOPATHIC HOSPITAL.

TASTEFULLY decorated with flags and banners, the riding school at Knightsbridge Barracks was on the 11th, 12th, and 13th of last month the scene of as elegant and attractive a display as any one could desire to witness at a Bazaar. The stalls were well furnished with the work of many generous supporters of our Hospital, and were presided over by the most pressing and devoted of stall holders. At the east end of the building was the Fine Arts Stall, under the care of Lady HILLARY and Mrs. TRUEMAN. Here were collected many valuable paintings, engravings, photographs, vases, statuettes, and other works of art. The central piece was a handsome, massive silver vase, filled with choice flowers. At the opposite end of the room was the refreshment stall, provided over by Lady CADOGAN. On the south side were the stalls of Mrs. VAUGHAN-MORGAN, the Marchioness of AYLESBURY, and Lady ALFRED PAGET; the telegraph office, where messages were sent to different parts of the room; the stall of Lady EBURY and that of Mrs. NEVILLE WOOD. On the north side was the entrance to Mr. CHAMBRE's telegraph room, the stalls of Mrs. BAYES and Mrs. LEADAM, of Mrs. YELDHAM, of the Countess SIDNEY, Lady EMILY DYKE, and Mrs. CAMERON, and of the Countess of SEFTON and the Countess COWLEY. The entrance to the building in the centre of the north side was through a decorated pavilion tent, where the band of the Scots Fusilier Guards was stationed, and throughout each day enlivened the proceedings with a large variety of music. Here also was a choice display of large, rare, and valuable plants, from the nurseries of Messrs. VEITCH.

In addition to the articles for sale exhibited on the several stalls, various devices for pleasantly extracting money from the pockets of visitors were in full working order. In the telegraph room, Mr. ALAN CHAMBRE, of the General Telegraph Office, was, through the kind co-operation of the Engineer-in-Chief of Postal Telegraphs, enabled to exhibit specimens of a variety of instruments in use in public telegraphy, viz., direct ink writers, sounders, single needles, Bright's bells, Wheat-

stone's A. B. C, and his new type recorder, to work in connection with it. These instruments were connected together in working order, and an intelligent staff of assistants explained the *modus operandi* to all visitors. The whole was made practically interesting by running a wire from the A. B. C. instrument to another fixed in a tastefully fitted up telegraph office in the centre of the south side of the building. Messages sent in either direction were made to pass through a large dial fixed up at the back of the telegraph office, so that any one standing in front of the office could read what was said, and at the same moment the message could also be read on the indicator of the two A. B. C.'s, and recorded itself on a paper ribbon at the type recorder. The message passed through four instruments simultaneously. In the telegraph room a portion was divided off, and made dark for the purpose of exhibiting vacuum tubes, electric sparks, and providing visitors disposed for the luxury with electric shocks.

The attendance on each day was excellent. The first day the building was completely filled with visitors. Soon after five o'clock on this day the PRINCESS OF WALES and the DUKE AND DUCHESS OF EDINBURGH honoured the Bazaar with a visit. Their Royal Highnesses passed from stall to stall, making many purchases at each, and concluded their stay, which occupied nearly an hour, with an inspection of Mr. Chambré's telegraph room, whence they sent a message to the Countess Cowley at her ladyship's stall. On the second and third days the attendance was fully equal to the anticipations of the Board; and as time wore on, the stall holders became more and more pressing in their attention to visitors. Cut flowers were freely offered at sixpence and a shilling each, and the most persuasive of eloquence was uttered in the tenderest of tones to secure purchasers. Raffling of many articles afforded a large share of amusement. In this work both ladies and gentlemen, the wee lassie and the venerable physician, alike engaged with the keenest ardour and the utmost determination to succeed; and succeed they did.

Among the *addenda* to the sale of work, &c., was an interesting exhibition of a scientific novelty, the compound pendulum invented by Mr. S. C. TISLY, of 172 Brompton-road. By the action of the two pendulums working conjointly, the most beautiful curves are produced, which correspond to sonorous vibration, and are known in science as Lissajous' figures. To fully describe this instrument would occupy too much of our already exhausted space. We must, therefore, refer our readers to *Engineering* for February 6th, 1874.

We are glad to know that the success of the Bazaar is assured. The sales at the stalls have yielded £1,459 : 11 : 4; entrance fees produced £98. A separate sale of work done by

the patients has amounted to £ 40, while from other sources £ 264 have come in in connection with the Bazaar.

The Art Union Drawing will not take place for several weeks, and meanwhile Mr. TRUEMAN will feel much pleasure in providing tickets for any who may desire an opportunity of obtaining a valuable picture.

We may here state that a large number of elegant and useful articles, unsold at the Bazaar, will be on sale at the Hospital, Great Ormond Street, on Wednesday next, the 8th inst., and during the eight following days. Everything will on this occasion be disposed of at an unusually cheap rate.

The *Medical Press and Circular* of the 17th ult., in announcing the fact of the Bazaar having been held at the Barracks, writes: "As these buildings are national property, it may be doubted whether their guardians are justified in giving them up to promote a system which the united science of the world has pronounced to be false." The editor of this periodical, who, by the way, is supposed to represent medicine in Ireland, must surely live in a world the "united science" of which is very much behind that of the world in general; the simple fact being, as every well-informed person knows, that the united therapeutic science of the medical world is just now, and has been for some time past, engaged in offering the purest flattery to the system here pronounced to be "false;" it has diligently occupied itself in imitating it. We suppose, however, that it was impossible for our Irish contemporary to allow an occasion, which is the subject of so much congratulation to homœopathists, to pass without availing itself of the opportunity to make a false assertion, and to serve it up with a spice of malignity to make it still more palatable. *Chacun à son gout.*

TESTIMONIAL TO DR. GUINNESS.

On the 2nd instant an address signed by 140 of the patients attending the Oxford Homœopathic Dispensary was, together with a silver cruet stand and a pair of silver salt cellars, presented to Dr. GUINNESS, of Oxford. The Address gives expression to the gratitude of the patients for the benefits they had obtained at the Dispensary, and to earnest wishes for the welfare of its physician.

The occasion selected for the presentation was that on which Dr. Guinness delivered a public lecture on Homœopathy.

HOMŒOPATHY IN MELBOURNE.

We understand that in consequence of the refusal of the Governors of the Melbourne Hospital to set apart a ward for the treatment of patients homœopathically, the erection of a new hospital, wherein homœopathy shall be practised, has been determined upon. For this purpose the Government have

given an eligible site in the city. Ten thousand pounds will be required for the building; when £3,300 has been obtained, the government of the Colony will provide the remainder. To secure the required amount active measures are being taken, and there is no doubt of their complete success within a very short time.

NOTICES TO CORRESPONDENTS.

°° We cannot undertake to return rejected manuscripts.

Obituary Notices of Dr. G. N. Epps of London, Dr. Cameron of Huddersfield, and Dr. Ægidi are pressed out at the last moment.

Dr. R. HUGHES.—We regret to be obliged to postpone the publication of your reply to Messrs. Thompson & Capper until our next number.

Communications, &c., have been received from Dr. DUDGEON, Dr. BAYES, Dr. ROTH, Dr. R. EPPS, Dr. RUDDOCK, Mr. TRUEMAN, Mr. A. E. CHAMBRÉ, Messrs. TISLEY & SPILLER, London; Dr. SCOTT, York Place, Huddersfield; Mr. COX, Manchester; Dr. LAURIE, Dunstable; Dr. SCOTT, Tunbridge Wells; Dr. E. BLAKE, Reigate; Dr. SIRCAR, Calcutta, &c.

BOOKS AND PERIODICALS RECEIVED.

Essays on Medicine: Being an Investigation of Homœopathy and other Medical Systems. By W. SHARP, M.D., F.R.S., &c. Tenth Edition. London: Turner & Co. 1874.

A System of Surgery. By W. T. HELMUTH, M.D. New York: Carle & Greener. 1873.

The Science of Homœopathy; or, a Critical and Synthetical Exposition of the Doctrines of the Homœopathic School. By C. J. HEMPEL, M.D. New York: Boericke & Tafel. 1874.

The Stepping-stone to Homœopathy and Health. By E. H. RUDDOCK, M.D. Ninth Edition. London: W. Butcher, Blackheath. 1874.

The Homœopathic World, June. London: Jarrold & Son.

The Chemist and Druggist, June. London.

The North American Journal of Homœopathy, May. New York.

The United States Medical and Surgical Journal, April. Chicago.

The Hahnemannian Monthly, June. Philadelphia.

The New England Medical Gazette, June. Boston.

The Am. Journ. of Hom. Mat. Med., May. Philadelphia.

The Cincinnati Medical Advances, June. Cincinnati.

Boericke & Tafel's Quarterly Bulletin, May 1874. New York.

Bulletin de la Soc. Méd. Hom. de France, March & April. Paris.

Bibliothèque Homœopathique, May. Paris.

Allgemeine Hom. Zeitung, June. Leipsic.

Internationale Hom. Presse, Bd. IV. Hft. 6. Leipsic.

El Criterio Médico, June. Madrid.

La Reforma Médica, May. Madrid.

Rivista Omiopatica, April. Roma.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E., or to Dr. H. NANKIVELL, Penmellyn, Bournemouth. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE OPPOSITION TO HOMŒOPATHY.

THE history of homœopathy in this country comprises a period of five-and-forty years. During the first quarter of that time its adherents numbered less than a score, while the opposition they had to encounter was of a character to which no counterpart can be found in the entire annals of medicine. Slowly did the number of those who carefully studied homœopathy, and ultimately declared their conviction of its truth, increase, but *pari passu* with this numerical increase, did the openly expressed determination of the majority of the profession to "stamp it out" find vent in measures yet more and more revolting to every truly scientific mind. Ignorance, crass ignorance, of the real meaning of homœopathy characterised well-nigh all the earliest published efforts to deter the profession from investigating it, and the public from placing confidence in those who practised it. Deliberate misrepresentation there doubtless was in some instances, but we believe that the authors of the majority of the diatribes that were penned twenty or five-and-twenty years ago really knew nothing of the therapeutic system they attacked, and supplied their lack of knowledge by inventing a plan of treatment of disease by globules, calling it

homœopathy, and then showing how absurd the plan so described really was, and afterwards denouncing as horribly wicked those who they said professed to follow it in practice. Every inducement to avoid the public confession of a faith in homœopathy that could be devised was made. Every annoyance that could be inflicted upon any who did make such a confession was freely used. The professional journals have ever been the willing *media*, not merely of misrepresentations of homœopathy as a therapeutic system, but of false and scurrilous statements regarding individual practitioners. One paper, the *Medical Times and Gazette*, not content with abuse of the living, resorted not long since to the singularly safe course of slandering the dead. A leading article which appeared in that paper just after the death of Professor Henderson, deliberately charged that distinguished physician with having adopted homœopathy solely with the view of increasing his income! There is, however, nothing strange, we regret to say, in this mode of attack. The basest cowardice has ever characterised the opponents of homœopathy. There is not, we understand, a medical publisher in London who would dare to publish the work of a medical man known to practise homœopathy. There is scarcely a medical journal in the country that would dare to advertise a book in which the hated system was described or practically illustrated, or indeed one on any subject issuing from a house known to publish works on homœopathy.

Such is but too accurate an account of the nature of the opposition which homœopathy and homœopathic practitioners have met with. Has it been effectual? Has it rendered the influence of homœopathy feeble or imperceptible? Has it tended to elevate the *morale* of the profession? To each of these questions the reply must be a distinct and emphatic negative.

How ineffectual have been each and all of the attempts made to restrain the progress of homœopathy, how impo-

tent have been all the persecutions of individual practitioners, how this opposition has led men usually esteemed "honourable"—men holding conspicuous places in the profession—men who have the confidence of their professional brethren—to publish the observations of others as the result of their own researches, as the product of their own skill and ingenuity, and to couple with such publication coarse denunciation of the very principles which led to them, has never been so fully, faithfully, and forcibly described as in the admirable address by Dr. DUDGEON at the recent Congress of Homœopathic practitioners. The malignity which has inspired some of the endeavours made to extinguish homœopathy, the gross abuse of power which has marked others, the fables that have been invented and circulated with the same end and with all the authority that eminent names could give to them, are in this address set forth in a manner which cannot fail to arrest attention, and to show how little honest investigation and sound argument have had to do with any of the attacks that have been levelled against our system of therapeutics. Not less conclusively is the real influence that homœopathy has exercised, and is continuing to exercise, upon the progress of therapeutics, pointed out. Dr. Dudgeon shows clearly enough that well-nigh every directly curative or specific drug-remedy has been derived from the "tenebrous depths of the Homœopathic Materia Medica."

At every stage in the progress of therapeutics during the past thirty years has the influence of homœopathy been felt, and on each occasion has some attempt been made to prevent the discovery or recognition of this influence. It was the idea that homœopathy was a purely negative method of treatment, the satisfactory results of which were incontestable, that led to the abandonment of the so-called heroic modes of practice, and gave birth to expectancy in medicine; while the theory that diseases had changed their type was invented in order to obscure

the real causes that had led to this vastly altered practice. Expectancy has had its day. The results of homœopathic practice have been shown to be far superior to those followed on mere nursing ; a knowledge of its principles has become both more accurate and more general ; and now we find these principles, and the indications for the use of certain medicines which flow from them, publicly taught as therapeutic novelties ! Observations as to the action and uses of remedies known to homœopaths for fifty or sixty years are published as comparatively recent revelations derived from the independent researches of physicians desirous of making to themselves reputations, without regard to the manner in which this end is accomplished. Borrowed plumes are worn in the full confidence that those who it is hoped will be attracted by them, will not recognise their having belonged either to "a notorious person named Hahnemann," or to any of those who gratefully acknowledge their obligations to him.

Notwithstanding the depreciatory remarks of the very methods of studying and using drugs (that led to all the information thus furnished to the profession) with which these medical plagiarists pad their lectures, their addresses, and their essays, we firmly believe that the time will come, and that ere long, when a more enlightened, more liberal, and more honest frame of mind will demand to know whence all these so-called novelties sprung, and what are the principles that suggested them.

Equally sure are we that this most reasonable curiosity will not again submit to be gulled by some change-of-type-in-disease theory ; neither will it be satisfied by any absurdity so abundantly palpable as that promulgated by Dr. Anstie to obscure the homœopathic action of ipecacuanha in some kinds of vomiting.

The character of the present opposition to homœopathy is more hollow, more dishonest, than it ever was. Homœopathy is "furtively taught from the professorial chairs of

the dominant school, and clandestinely practised in its hospitals." That it is so is becoming more and more generally known, and "the general acceptance of our therapeutic principles must sooner or later inevitably follow."

Therapeutics cannot advance, save in a halting fashion, without the acknowledgment that homœopathy is true. The best remedies known to the dominant school have been derived from homœopathy. They have come to it at second-hand; but, were the principles which have given birth to this knowledge generally recognised, the entire body of the profession would have it in their power to find other remedies of equal value for the many cases which still baffle their skill, and no longer be dependant upon the secret study of homœopathic literature by a few ambitious practitioners for the information which they so much require. "Nothing," as Dr. Dudgeon remarks, in the address from which we have already quoted, "nothing but a false pride, owing to their having originally taken up a false position with regard to homœopathy, prevents our brethren of the allopathic sect availing themselves of the means we offer them, and admitting our experience to be of equal value with their own."

We can but hope that the moral tone of the profession may be improved, and that those who are its instructors, regaining the "courage of their opinions," will cease to exercise the degrading *rôle* of the mere plagiarist, and openly and honestly teach that method by which alone, as they well know, the specific action of drugs may be ascertained.

ON THE ACTION, SELECTION & ADMINISTRATION OF DRUGS.*

By R. D. HALE, M.D.

MR. PRESIDENT AND GENTLEMEN,—

Some apology or explanation seems necessary for bringing before the notice of the Congress a subject which, for its full consideration, would require at least an hour, but the subject having been dwelt upon at some length at the two last Congresses, the Congress being now assembled in London seemed a fitting opportunity to refer to the important communications of Drs. Madden and Sharp. Communications of the greatest possible importance, not only in relation to homœopathy, but to scientific medicine generally. For when we consider how rapidly knowledge is accumulating upon other subjects connected with the medical art, the discoveries in minute anatomy, micro-pathology, in experimental physiology, in electro-magnetic science in relation to physiology, especially as regards the functions of the various parts of the nervous system, in short in every department of medical knowledge, with one exception, namely, the discovery of a scientific basis upon which to found a rational system of therapeutics, it must be acknowledged that the questions raised by the essays of Drs. Drysdale, Sharp, and Madden, are questions which must sooner or later engage the attention of every thoughtful practitioner of homœopathy.

It may be said, perhaps, we homœopaths possess already a therapeutic basis; we have our law of *similia similibus curantur*, and far be it from me to undervalue that law which I have endeavoured myself to obey in practice loyally, but I ask myself, and I ask you, is it the *summum bonum* of our reformed system. Can a mere formula, however valuable, express all that nature has to reveal? do we not feel that there is some higher and deeper expression which is not only an empirical law, but an induction; not merely a formula, but a scientific fact? A firm conviction that it is especially our mission to carry out investigations to this end, assisted as we are by the labours of other explorers of another school,

* Read before the British Homœopathic Congress, London, June 4, 1874.

who although, alas ! not of us, are working out problems of incalculable value for us, and may ere long be one with us, in recognising the existence of that higher law which, I believe, only requires time and patient working to bring to light. I do not presume to lay claim to any special fitness for bringing this subject before you, but I hope to be able to suggest some germs of thought which may fructify in your minds, and lead to practical issues in our onward course, as physicians less anxious for the maintenance of a dogma than for the establishment of a truth. Obstacles to the progress of our reformed system of medicine have been in the past mainly the opposition from outside, but to my mind the hindrances to the advance and recognition of our mode of practice are now more likely to exist within our own ranks, either by our older members stagnating into mechanical routine, or by our younger practitioners not only undervaluing the experience of Hahnemann's earlier disciples, but also in neglecting the individualisation of cases, the patient study of the *materia medica*, and the administration of those doses which the experience of the last fifty or sixty years has proved to be the best.

I entertain the hope that every advance made either in the sciences immediately connected with medicine, or in those collateral sciences bearing upon medicine, will enhance our admiration of our illustrious founder's originality of mind in discovering a law for the administration of drugs, which will I believe in time be found in harmony with other laws of nature. With these few introductory remarks I will now enter upon the subject more in detail, regretting, however, that the time allotted to me is quite insufficient for a more complete explanation of the views I have the honour to submit for your consideration.

If in the observations I shall lay before you I should appear to be employing the faculty of imagination in the treatment of my subject, I seek my justification in the words of Professor Tyndall, who writes thus: "How are these hidden things to be revealed? How, for example, are we to lay hold of the physical basis of light, since, like life itself, it lies entirely without the domain of the senses? Now philosophers may be right in affirming that we cannot transcend experience, but we can at all events carry it a long way from its origin. We can also mag-

nify, diminish, qualify, and combine experiences, so as to render them fit for purposes entirely new. There are Tories in science who regard imagination as a faculty rather to be avoided than employed. They observe its action in weak vessels, and are unduly impressed by its disasters. But they might, with equal justice, point to exploded boilers as an argument against the use of steam.

“Nourished by knowledge patiently won, bounded and conditioned by co-operant reason, imagination becomes the mightiest instrument of the physical discoverer. Newton's passage from a falling apple to a falling moon was, at the outset, a leap of the imagination. In Faraday the exercise of this faculty preceded all his experiments. In fact, without this power, our knowledge of nature would be a mere tabulation of co-existences and sequences. We should still believe in the succession of day and night, of summer and winter, but the soul of force would be dislodged from our universe, causal relations would disappear, and with them that science which is now binding the parts of nature to an organic whole.”

Most of us will, I am sure, confess that a more satisfactory and rational principle in the application of our remedies is to be sought for. We ought not to be satisfied with a mere tabulation of symptoms, for which we must find, in a mechanical sort of way, the proper medicine. This method has no doubt helped us, and will continue to help us, until we discover a better one. But I would ask, does it satisfy any minds, but such as are content to work on in the beaten track of symptom covering? Will it satisfy the younger men, who come after us, nurtured in the allopathic schools, where knowledge is daily increasing in depth and in accuracy. Will our therapeutic law alone meet the demands of the medicine of the future, unless proved to be in harmony with other, and it may be, higher laws, which are being revealed to us? My object in this paper is, to press upon you the necessity of keeping pace with the scientific discoveries of the present day, and by moulding them to our therapeutics, raise the latter from an empirical formula to the higher standard of a scientific principle. Having the enormous advantage of a law of cure to start with, we can the better hold our vantage ground by utilising every discovery which throws light upon our

special subjects of study. While deprecating a servile following of the Hahnemannian method of selecting the remedy, I must not be understood to undervalue symptoms apart from their pathological connection, for, as we all know, in a large number of cases we cannot accurately trace the co-relation. We succeed, without knowing why or how. We should wish and try to know. My contention is, that it is our duty to try. It should be our high aim and resolve to raise homœopathy from the mere formula, however true to a higher law of cure, based upon a more intimate knowledge of the essence of diseased action, and the relation which remedial agents hold to it therapeutically.

It will be necessary for a clear understanding of my argument to place a few thoughts before you in the form of axioms, thus—

Every organ is composed of cells containing germinal matter; cells are composed of molecules; molecules have motions or vibrations, and these vibrations or motions may be normal or abnormal. The healthy function of an organ depends upon the normal motions of the molecules composing its cells. Cell life depends upon suitable pabulum, and becomes abnormal, owing to an unsuitable or insufficient supply of pabulum, and also by agents which affect the arrangement or motions of the component molecules.

By the first causes healthy nutrition becomes diseased or depraved. The second factors, which we call toxic agents, disturb, arrest or destroy healthy molecular action.

To restore healthy action we employ agents of various kinds, but we have only now to do with those called drugs, which we say must be administered according to a law of similarity. The idea that these agents act as stimuli has been advanced by many, but it is a mere assumption I think, and likely to lead to error in practice, and had better be avoided. I suggest they act dynamically, in some cases, reversing, in others energising abnormal vibrations.

Two conditions appear to be necessary in order to secure the most perfect specific effect:—

1st. That the pathogenetic effect of a medicine upon a healthy subject should have the closest relation in *kind* to the abnormal state initiated by natural disease.

2nd. The curative dose should hold the closest relation potentially to the normal rate of vibration which disease has perverted or disturbed.

We are now prepared to go a little deeper into this confessedly difficult investigation. By the light of increasing knowledge, it may ere long be possible to determine the exact relation which exists between remedial agents, the various organs for which they have an affinity, and the functions the various organs perform (Dr. Sharp's Essay on Organopathy has made a beginning in this direction). We know this much to start with, that all the organs of the body are energised by forces emanating from the ganglia of the sympathetic and the cerebro-spinal nervous systems; whether the tissues acted upon be muscles or arteries, or secreting glands, the work done and the functions performed take place in the minutest structure of each organ by cell growth, metamorphosis, and disintegration, and these again result from vibrations of the ultimate molecules of which each cell is composed, here are carried on the vital processes of health, and here also the changes and perturbations we call disease; and to these recesses must our curative agencies reach. The ganglia are affected by three kinds of excitants—chemical, mechanical, and electro-motor; it is with the last of these that drugs have especially to do. In speculating as to what is the *primum mobile* of a departure from health in any organ, the conjecture is not, I think, irrational, that withdrawal of electro-motor energy is the first link in the chain of causes; if partial it causes a temporary arrest of function, if more prolonged, organic change is the result; if complete or permanent, it is the death of the part. For example, *belladonna* in a pathogenetic dose at first quickens the heart's action by paralyzing the cardiac branch of the *par-vagus*, extending its influence to the nerve cells in the substance of the organ. *Nicotine* does the same, but its influence, it is proved, does not extend to the nerve cells, but only to the muscular fibrillæ, but if the dose be large enough in either case, there is a total arrest of action, and death follows.

The diminution of electro-motor force is followed in the case of secreting glands by similar results. First, functional deficiency, or a vitiated quality of the particular secretions. Cell metamorphosis becomes perverted, and either disorganisation of tissue or heterologous for-

mations occur, if the nerve influence be more permanently withdrawn. During the progress of disease, complicated changes occur, involving other tissues and remote organs, a consideration of which would lead me too far into general pathology; what I have said only suggests the cause of the very earliest departure from health. But whether in the earliest or latest phases of pathological change, our cure work ought not only to be as strictly in conformity with our law as to the *kind* or quality of the drug, but also in the matter of dose, as regards its quantity, it ought to be in as close a relation as possible to the amount of dynamic force necessary in each case.

If then it be granted that vital actions in health and disease are carried on by vital processes in the minute structures of the body, and through the instrumentality of still minuter forms of matter, ought not the physical condition of the substances we employ as medicines to be in doses relatively minute, apart from any other quality they possess, either of elective affinity or dynamic force. But my contention is that *quo ad* minuteness there is dynamic power. Some most interesting provings of *belladonna*, *conium*, *calabar bean*, and *strychnia*, though not by the better homœopathic method, have yet elicited important facts, which may be turned to account by our school. It is found, for example, that *conium* and *belladonna* lessen the excitability of the nervous fibrillæ. *Conium*, acting specially upon the terminal fibrillæ of nerves in muscular fibre; *belladonna* acting more upon the central fibrillæ. *Calabar bean* and *strychnia*, on the other hand, increase the excitability of nerve tissue. The minuter shades of pathogenetic actions of these medicines it is the glory of homœopathy to have discovered, but without dwelling upon these, we may, I think, derive some assistance in endeavouring to understand something about the *modus operandi* of these toxic agents. All these drugs have, it seems, an affinity for nerve tissue, but the kind of actions they produce is not merely due to the affinity, but to the kind of molecular vibration which they set up. *Conium* and *belladonna* would appear to diminish, *calabar bean* and *strychnia* to increase the rates of vibration; however this may be, the two former are known to be antidotes to the two latter. Now, if natural disease has caused the diminished or increased excitability in nerve tissue, causing a disturbance which, in its essence,

bears the closest resemblance to the effects of the toxic agent, that drug, whatever it is, is the true *similimum* to the abnormal condition. It may be objected, this is only another way, and a round-about one, of expressing *similia similibus*. My main object in these remarks is, to induce you to believe with me, that without discarding our convenient and venerable formula, we may hope for the time when we may find a more scientific expression, based upon a higher law, the outcome of extended knowledge, of a kind similar to what I have endeavoured to suggest to you. I am so convinced of the necessity for our future investigations, travelling in this direction, that looking to the future of homœopathy, I see no hopeful prospect for it, or indeed for any progress in medicine at all, if this field bearing precious fruit lies ignored and uncultivated.

A few words now on a subject bristling with difficulties—the question of doses. The chief difficulty of aiming at scientific accuracy depends upon the ever varying conditions of age, temperament of patient, nature of disease, upon its acuteness or chronicity, the properties of the drug, and other vital conditions which belong to living organisms.

The dose I suggest should be regulated by the nature of the tissue, and also by the rapidity or slowness of metamorphosis, still more by the greater or lesser excitability of the tissue, in relation to electro-motor force. For example, suppose *phosphorus* to be the remedy equally appropriate to disease of bone, and also to disease of brain, molecular vibrations and cell life are carried on with relative slowness in bone, and it has a low degree of excitability; a low dilution would seem to be proper for disease of bone tissue. In the nerve tissue of the brain we have exactly an opposite state of things. A medium or high dilution of phosphorus seems here most suitable.

This example I merely glance at to indicate the principle I wish to enforce, namely, that whenever it can be applied in practice, we have a more satisfactory guide than any formula like Dr. Drysdale's, which describes a true specific, "a remedy which cures by the absorption of its whole physiological into its therapeutic action." Accepting this as a truth, others have defined the curative dose to be that which falls short of its physiological action; but as the physiological action of any drug is not

a fixed, but an ever varying quantity, such a rule is practically useless. Dr. Sharp throws a new light upon the subject; is it more helpful? He tells us he has by experiments on himself, arrived at the following induction, "that the law, *similia similibus curantur*, remains true when limited to large doses; and the law, *contraria contrariis curantur* is true when limited to the action of small doses." He thinks he has proved that the small dose reverses the action of the large, and he suggests the idea that the best antidote for a virulent poison, especially snake poison, may be very small doses of itself. These inductions are so startling, and so contrary to all preconceptions, that they require more numerous, and careful experiments to be made, free from the sources of fallacy to which Dr. Sharp's experiments are open, that we must, I fear, hesitate to accept them until proved more convincingly, however attractive and interesting. Did time permit, I think it could be shown that the phenomena Dr. Sharp adduces are to be explained by the recognised fact that drugs have primary and secondary actions.

The subject of dynamization I must discuss as shortly as possible. If minute subdivision, by multiplying the surfaces of contact between the drug and the organ, to be acted upon, is the only explanation of its dynamic power, then the greater the subdivision the greater ought to be the increment of power; but such is not found to be the case. I, therefore, contend that we need some other explanation, which I hold is this, that during the process of attenuation, the forces which before were potentially latent, become dynamically energetic, not because any new force or property is added, and certainly not owing to the absurd notion that the spirit of the drug is liberated from matter, but that molecular changes occur, analogous to those which take place in other kinds of matter, the result of recognised physical laws. All the arguments against the theory of dynamization have been chiefly and properly directed against the metaphysical theory, but none that I have read attempt to refute the facts which the physicists furnish us with, and it is with these I submit that the theory is in harmony, and by these, reasoning from analogy, the doctrine of dynamization can be proved true. A bar of steel is rendered magnetic by certain mechanical vibrations of its molecules; it

can be demagnetized by other kinds of vibrations. By alloying mercury with a *millionth* of its weight of sodium, a force of not less than 50,000 times that of gravity is generated by a galvanic current. The difference between albumen and animal fibrine is less owing to diversity of composition than to a change in the arrangement of the ultimate particles. I contend, therefore, that there is no reason for supposing that drugs form an exception to other kinds of matter, or that they are not governed by the same laws. Such considerations as these, I think, go a great way in establishing the reasonableness of the theory of dynamization, require no idea of spirit or essence apart from matter, may be accepted equally by the vitalist or the materialist, do no violence to scientific inductions, but do afford a satisfactory explanation of the action of fractional and infinitesimal doses, when brought into contact with diseased conditions of the living organism, and I hazard the conjecture that different potencies of medicines are more curative than others, in proportion as their rates of vibration are, so to speak, in harmony with the rates of vibration in the diseased organ.

In conclusion, I beg to thank you for the patient hearing you have given to these necessarily hurried remarks, which I hope you will value for just what they are worth, and discuss them if, in your opinion, they are worth discussing.

NOTE.—Since this paper was read the following remarks appear in an American contemporary:—"Morbid forces vibrate in a certain organ or tissue of the body; an atomized drug whose forces are similar, and whose similarity has been already proved on healthy persons, begets a series of similar waves in the part diseased. Of independent origin, they continually interfere with the waves of disease-force in the cells of the tissue, in the nerves of the organ, and in the whole sympathising body. Where disease was active, now come the lines of rest—there is comfort, where a little while ago was excruciating pain; there is quiet sleep in lieu of wakefulness and tossing; there is a sane brain instead of delirium; a soft pulse in place of the fevered circulation; the diseased action has been cured, neutralised by the similar, the homœopathic action of the specific counterpart of that diseased action, embodied in the drug; and we have furnished a new demonstration of the well proved law of cure—'likes are cured by likes.'

"Indeed, so absolute is the demonstration of this principle in all departments of dynamics, so well understood is it by all scientists, that to deny it in medicine, to decry, ignore, or neglect a system of cure, a science of therapeutics based upon it; or, worse than this, to persecute or denounce such a system, seems like sheer infatuation."

ON MALIGNANT GROWTHS.*

By EDWARD T. BLAKE, M.D.

MR. PRESIDENT AND GENTLEMEN,—For addressing you this day I have selected a subject that commands our attention even for other reasons than that it will ever possess for suffering humanity an interest as profound as it is painful.

The various names connected with this subject are used in so very vague a way, that I must begin by a definition of terms. For the excellent reason that there is no absolute anatomical definition, I shall use the term “malignant” in a purely clinical sense, not as interchangeable with cancer, but as including those morbid products, lupus, sarcoma, myxoma, recurrent fibroid, singularly inflexible to treatment, prone to recur, and ready, under certain peculiar conditions of the constitution, to take on action markedly malignant in the fullest sense of that term.

By “cancer” or “carcinoma” I shall always mean the actual malignant product, and, following the analogy of tubercle, I shall call the cancerous diathesis or tendency to carcinoma “carcinosis;” the diseased condition itself “carcinisation,” by that I mean the actual developed presence of the malignant growth.

The nomenclature of malignant disease is indeed, like that of disorders of the skin, capable of advantageous simplification. Such names as “colloid” or “gelatinous,” “fasciculate,” “cystic” and “alveolar,” denoting merely adventitious conditions frequently developed in one part only of any foreign growth, should be discarded, or at the least only retained for such special uses as minute clinical description. The term “osteoid” should not be used for tumours, which commence in bony tissues, (though osteoid tumours do usually arise in bone,) but for tumours which show a tendency to general ossification, and that early in their history.

2ndly. Names involving a theoretic supposition as to contents, *e.g.*, “atheroma,” “melleceris,” and “steatoma,” are objectionable.

3rdly. The amount of blood or of pigment is too acci-

* Read before the British Homœopathic Congress, London, 1874.

dental and fluctuating to be made a criterion of differentiation; therefore, such words as "cerebriform," "hæmatoid," "melanotic," "fungus hæmatodes," "villous," "medullary sarcoma," should only be employed to qualify a form or express the condition of a cancer not as primary designations.

The basis of classification of cancerous tumours must, for reasons that we shall presently see, be always clinical. When, thanks to the microscope, it was shown that there is a law of malignancy, namely, that *the more widely divergent from the normal cells of the part, the greater the degree of malignancy of a growth*, high hopes were raised that now a morphological and strictly accurate method of arrangement might be obtained. Alas! it was found that these rebellious disorders would not submit to the rules imposed upon them.

Some highly heterologous tumours, *e.g.*, certain cases of scirrhus, were characterised by slow growth and tendency to self-cure, whilst instances of eminently homologous growth, as recurrent fibroid, myxoma, lymphadenoid sarcoma, enchondroma, and other histioid growths, exhibited a far higher degree of malignancy. It is now known that malignancy bears a distinct proportion to the mobility of elements: instance, infantile ocular glioma: and is greatly influenced by such extraneous conditions as position, involving exposure to foreign agencies; and such internal conditions as warmth, moisture, vascularity, free lymphatic connections, occasional exalted functional activity, &c., &c.

A physiological basis of classification is too simple, for by it we could reduce all cancers to one kind, showing that the soft forms are produced merely by predominance of the cellular element; the hard, by excess of fibrous stroma; osteoid by ossification of the stroma; colloid and cystic by liquefaction of the cellular interspaces, and so on.

Histology would have the opposite drawback of being too elaborate. The variety of cells is so infinite that we should have a classification far too complex for clinical purposes.

It is striking and suggestive that physicians who have attempted pathological classification have always introduced the clinical element. Rokitansky, in 1855, gave six kinds of cancer; Paget, in 1853, was not content with

less than eight sub-divisions; the College of Physicians, in 1869, gave five kinds; whilst Walshe and Bennett rightly conclude all kinds of cancer under three groups.

Scirrhus,
Encephaloma, and
Colloid;

and if for the word colloid* we substitute cancroid, to include epithelioma, lupus, and similar growths, we have a grouping perfect, because simple, and yet sufficiently comprehensive for all clinical purposes.

I have spoken of following the example of Sir William Jenner's nomenclature of tubercle, and, though analogy be both safe and serviceable in matters of terminology, it is by no means stable ground in the region of pathology.

Yet, for the minds of men, analogy possesses a singular fascination. An interesting instance is the influence, perhaps unconscious, which the analogy between tuberculosis and carcinosis, has evidently exerted on the whole complexion of medical opinion on this subject. More especially has this been the case since the experiments initiated by Cruveilhier† and Alison,‡ and more recently prosecuted by Marcet, Villemin, Wilson Fox and Burdon Sanderson, have distinctly demonstrated that tubercle, far from being a specific morbid growth, is an adventitious product scarcely organic, and capable of being produced under all kinds of differing circumstances and from many diverse materials.

Men have begun to ask—Might not the “cancer cell” be, like the “granulations of Bayle” (as tubercles were styled after their discoverer), a local product modified merely in metamorphosis.

To this view the cellular pathology of Virchow gave a marked and important impetus.

As a result naturally to be looked for, a vigorous young school has sprung up whom we may style “the localists.”

* I dismiss “colloid” as a main group, because, though a few tumours may be primarily colloid, they nearly invariably occur as a form of degeneration of other cancers.

† Cruveilhier introduced tubercles from the human subject into the thigh of a dog, and found that their presence gave rise to distinct tubercles.

‡ Alison, of Edinburgh, injected mercury into the thorax of a dog; then, without knowing what had been done, Abercrombie and others, on carefully examining the lungs, pronounced them tuberculous.

Their essential article of faith is, that until after gland-invasion (the cancer-cell having then been precipitated into the general circulation), carcinoma is emphatically a local disease.

They point triumphantly to the frequent history of local lesion—the dirty scrotum of the sweep, the worry of old ulcers, the fretted scars of ancient burns, the marital blow on the bosom, the corroding cutty-pipe, the irritation of the solitary fang as opposed to the dubious “cancerous diathesis,” and the still more apocryphal “hereditary history”—“the twin bug-bears,” say they, “that have so long haunted the mysterious and gloomy shades of archaic pseudo-pathology.”

And indeed, as to the former of these two pillars of “the constitutionalists,” we have all encountered cases where no cachexia made its appearance (*vide* Case 1); and as to the latter, it is rather striking that two of the most respectable of “the generalists,” Velpeau and Sir James Paget,* from personal experience, arrive at the same result, viz., that the non-hereditary cases are certainly twice as numerous as the hereditary.

But one of the most striking observations bearing on this point is that of Moxon, that a remarkable morphological resemblance exists between the constitution of the secondary deposits and of the primary growths, however distant in site and varied in seat. Thus, in hepatic deposits, secondary to rectal cancer, bodies are found resembling the follicles of Lieberkühn, and ossification is seen in those cancerous deposits of the lung which are secondary to osteoid chondroma of the bones of the extremities.

Nor is the local nature of cancer by any means a merely theoretic question, because on it the entire consideration of operation hinges. If cancer be—to use the well-known phrase—“in the blood,” it is plain that to operate is only to expose the patient to the horrors of the knife and the depressing influences of hæmorrhage without commensurate gain. But is cancer in the blood?

* Paget's experience, recorded in 1857, was that whilst there appears to be a tendency to the hereditary transmission both of cancerous and non-cancerous growths, there is a much greater probability of the hereditary transmission of cancerous than of non-cancerous growths, and that in the proportion probably of 22·4 for the cancerous and 8·2 for the non-cancerous.

If we compare carcinoma with other disorders certainly laying more claim to the title blood disease, we encounter contrasts quite as striking as the points of resemblance. Take, for example, syphilis, certainly inoculable; whereas all efforts hitherto made to induce carcinisation by inoculation have failed. Dupuytren introduced cancerous growths into the stomachs of different animals—and injected the discharges into their veins and into their various serous cavities without result. Alibert repeated these experiments, and even had the temerity to inoculate himself with cancerous secretion, yet no peculiar pathological phenomenon followed this bold experiment. More recently Harley and Lawrence have experimented upon dogs, and have arrived at the same conclusion. I have myself encountered many instances of women having the uterine neck nearly destroyed by carcinoma, but I have never seen it communicated to the husband; and again, it is well known that even under these circumstances children may be born who enjoy a life-long immunity from any cancerous manifestation.

It would seem to be a work of supererogation to attempt to demonstrate, in the present day, that carcinoma is not a blood disease in the sense of residing in the blood. I will content myself with suggesting five points for your consideration—

1. No peculiar condition of that fluid has ever been demonstrated.

2. If a blood disease, why is it primarily local? It should be as diffused as the blood itself.

3. It is highly improbable that a tendency so persistent should locate itself in the most fugitive and ever-changing portion of the body. It is only necessary to remember that the blood is driven into every corner of the body 100,000 times a day; that it is perpetually filtering through the tissues; that it is undergoing a constant conversion into the substance or secretion of the body, to be convinced of the utter untenability of such a view. At the bedside we see that when any morbid material is introduced by art or accident into the circulation, nature does not hide it and store it up for half a century, but proceeds straightway to expel it by the excretory glands. If cancer be a blood disease, we should find it most prevalent in infancy, and it would attack by preference the emunctory organs—the intestinal glands, the lungs, the kidney, and the skin. This we know is not the case.

4. If cancer be "in the blood," why does it return at the spot operated on, and not, say, in the opposite breast, for it has a far stronger elective affinity for the mamma than even for a cicatrix?

5. Cancer is often transmitted directly from father to offspring. This cannot be through the blood, but by the spermatic fluid.

Arising, doubtless, from Lebert's unfortunate phrase, a great deal of rubbish has been talked about the "specific cancer-cell." Of a "typical," or a "characteristic" cancer-cell, we may speak, but of a "specific cancer-cell" we may not speak; and for this reason, that a "specific cancer-cell" does not exist. Nor can the importance of remembering this be too strongly insisted on.

I need not remind you that every kind of cell in every kind of growth ever called malignant, finds its true morphological analogue in some element of normal tissue. Nor, when we call to mind what an elemental character cancer-tissue presents—what a rich vitality appears, co-existent with so very low a type in the physiological scale, need it surprise us to find that it is in the embryonic period of life that we must search for the prototype of the cancer-cell.

One of the most remarkable results of modern microscopic research is the discovery of the morphological relation between the characteristic cell of carcinoma and the cells of the blastodermic membrane of the embryo.

Thus we see that we cannot isolate a cell and, pointing to it, say—"This is a representative cancer cell," for cancer is a clinical condition rather than an anatomical entity. Even histologically, the arrangement of the cells goes for more than the actual form, and it is the history, development, growth, and degeneration that severally go to make up that *tout ensemble* which we style "cancer."

Cancer is certainly a disease of old age, as well as of abolished function. Undoubtedly it attacks women at a younger age than men (and therefore more women survive long enough to become cancerous), because the organs of reproduction fall earlier into abeyance; yet if this were the only reason, we should find cancer more frequently than we do in the thymus, in which gland it is, as you are aware, nearly unknown.

Although in the earlier stages cancerous growths often display what seems like a rich exuberance of vitality in

the rapid proliferation of cells, still a little reflection convinces us that it is really a disease of debility.

Like the accumulations of vast numbers of epithelial cells on a "loaded tongue," or of pus-cells in an unhealthy sore, cancer-cells are really arrests of development.

And, unlike a benign tumour, a cancer never establishes a permanent existence: from the first it tends to degeneracy and decay.

When the powers of life are at ebb-tide, and the processes of nutrition languid, we often see the liquefactive degeneration delayed, but it is only postponed for a time; there ever resides innate an irresistible impetus to ultimate liquefaction and absorption.

Walshe has pointed out that the mortality from cancer goes on steadily augmenting with each successive decade until the 80th year.

Just as the mistletoe flourishes best on the old and exhausted oak, so this truly terrible disorder marks for its victim the feeble female in preference to the robust male—the aged and decrepit rather than the young and vigorous.

Here I am reminded of a curious fact that must have forced itself upon us all—a fact that might be employed by the localists, viz., that though cancer selects as its prey those whom we are in the habit of considering the weaker section of the community, still it usually arises in persons enjoying, *at the time*, good health, and, excepting as a mode of degeneration of primarily benign tumours, it rarely figures as a sequela to other disorders. How marked the contrast presented in this respect by cancer with tubercle!

Though we have ample ground for considering cancer as a senile disease, yet the influence of age, as of sex, is apt to be over-estimated.

Taking a numerical standard so high as to be free from ordinary disturbing influences, we find that in the Registrar-General's Returns since 1838, there have been recorded 60,196 cases of carcinoma. Of these

18,059 were males,

42,137 were females,

a proportion of 7 women to every 3 men—not much more than twice as numerous.

Again, with regard to age, of the 60,000 odd cases, nearly 28,000 are under 45, and a vast number under 30.

Though many cases are not now termed cancer which

were pronounced "malignant" by our fathers, the proportion of cases is enormously on the increase.

Carcinoma is a disease of civilisation—whilst it is quite common in our household pets and domesticated animals, in the wild races it is unknown.

Perhaps one of the most remarkable facts brought to light by the enforced Government Returns of Causes of Death is, that cancer possesses a distinct geographical distribution. Dr. Haviland has, with painstaking patience, produced no less a wonder than a "Cancer Chart," showing the districts where cancer is endemic. One of the singular results of this inquiry is to show that cancer is rare on the primitive rocks and on the early formations; whereas in the river courses, in the tertiary formations, and especially in low-lying alluvial lands, prone to floods, carcinomatous disease is much more prevalent.

The question of the local or constitutional character necessarily obtrudes itself on the consideration of prognosis in cases of cancer. The views of the localists and of the generalists are without doubt, at first sight, decidedly opposed; but there is, as we usually see, a measure of truth on both sides. The way of safety is "*la juste milieu*."

Cancer is, in its own nature, as regards the primary growth, emphatically local, as evidenced by its singularity—the primary growth is nearly invariably unique. It may be as local as the cheesy deposit resulting from a catarrhal or a traumatic pneumonia, and just as, if the pneumonic subject be free from phthisical tendency the tubercle will become obsolescent, so, if there be no cancerous history, the cancer will possibly die a natural death by degeneration. If carefully removed, carcinosis not being present, it may not recur; but let a cancerous ancestry have impressed on every cell in the body the tendency to malignancy, and woe betide the unfortunate sufferer—his cells run riot, cancer-mad! Just as our gifted *confrère*, who so ably represents our system at Bournemouth, clearly set forth when we met in Congress in 1872, that tubercle, occurring in the phthisical subject, calls for a grave prognosis, whereas in the tubercle of the non-strumous we are dealing with a widely different condition—a condition in which we may conscientiously hold forth high hope of recovery—so, though not to the same extent, with cancer. Growths undoubtedly carcinoma-

tous in character have been removed, and have never, during a long succeeding life, recurred. Had but one well-authenticated case of this kind been recorded, it would serve to prove irrefragably that cancer may be a local disease, but it would not demonstrate that carcinoma may not be constitutional.

An obvious corollary to the preceding proposition is that, if a case of cancer present itself, in an early stage, in a young patient, free from cachexia and from hereditary taint, it is plainly our duty to advocate ablation.

As we have witnessed that the nomenclature of cancer cannot be based on the characters of the morbid growth, so now we see that for the formation of an accurate prognosis other than anatomical elements must be estimated. And just as in pulmonary phthisis none of us would dream of giving an opinion, gloomy in proportion to local lesion, but rather in relation to the marked presence or otherwise of the strumous diathesis, and having regard to the general powers of life; so in cancer, if there be hereditary history or not, if local conditions and general symptoms be favourable or the reverse, we give a cheerful or a grave prognosis.

With regard to diagnosis an interesting question arises. Can an absolute verdict be pronounced without the exploring trochar? I think that in the soft varieties of malignant disease an approximate estimate only can be arrived at. To illustrate this position let me briefly narrate the history of two cases. In one of these encephaloma was called abscess, in the other an ordinary lymphatic abscess was considered to be probably malignant in character.

CASE I.—Was a young lady, aged 22, who had not long “assumed the black veil.” She came under my care with an enlargement of one mamma; the breast had only been painful for a few weeks. On examination I found a marked augmentation in size, but the contour of the organ was retained; the sense of fluctuation was perfect. The general health was good, the secretions normal, the skin of the body clear, the cheeks tinted with the hue of health, the expression of the face cheerful. The family history was vague. There was no evidence of irritation or of local injury. The leading allopathic authority of the place had pronounced the case non-malignant in nature. One of the best surgeons in our ranks saw the

patient, and, diagnosing abscess, plunged in a bistoury; a few drops of blood only followed the withdrawal of the knife. Ulceration immediately set in at the point of puncture; the skin became extensively infiltrated; the lung was soon involved, apparently from anatomical extension rather than from secondary deposit, and in a few weeks her sufferings were at an end. This nun, to the last, retained her clear and healthy skin, plump figure, and look of health. Here was cancer without a trace of cachexia.

Then, to illustrate the converse—how closely abscess will simulate cancer.

CASE II.—An unmarried lady of uncertain age, apparently about 70, with furrowed, wrinkled, and yellow skin, gaunt figure and blue lips, I attended in conjunction with an accomplished physician belonging to our body. This patient had a tumour in the anterior cervical triangle on the right side; the skin over it tense and red, extremely tender on pressure. There was hoarseness present from laryngeal ulceration. My colleague inclined to a malignant diagnosis, and if patient ever had cachexia well pronounced that patient had. I supported his view, gave *conium* 8x, internally, and compressed the tumour with *succus conii*. Under this treatment it broke, discharged copiously filthy and most offensive pus, and resolved itself into a chronic low-typed ulcer. The patient afterwards died with double pneumonia. I found a good-sized polypus, pendent from the os tinæ.

The physiological results of this polypus threw some light on the cachectic appearance. An exploring trochar would have spared both these blunders.

The employment of the trochar or of the aspirator certainly tends to expedite the ulceration of the cancer, and thus has a material effect in shortening life.*

As physicians our duty is to prolong existence under all circumstances, even when that existence is fraught with acute suffering. It becomes a point of casuistry whether we are justified in the use of this means of diagnosis? I judge so, because, 1st, it is often impossible to institute appropriate treatment without; 2ndly, the probabilities are so highly in favour of abscess, in which case

* A careful perusal of Mr. Oliver Pemberton's collection of cancer cases must convince any one of the truth of this.

the trochar would do positive good ; 3rdly, if the tumour be malignant, the chance of operation remains, and is then readily decided.

Treatment—Medical, Surgical, and Hygienic.

We pass now, gentlemen, to the consideration of the treatment of cancer. Whilst it is certainly my opinion that the specific remedy to either of the classic forms of carcinoma has yet to be discovered, I as implicitly believe in the curability of cancer. Every pathological discovery points indubitably in the direction that there are fewer and yet fewer essential differences between benign and malignant growths.

It is not my purpose to pass in review every remedy that has ever been suggested or employed even by our own school. Your time will be better occupied if we glance together at the remedies which have been followed by the greatest amount of success, and try to relegate each to its appropriate sphere.

With a general survey of our literature I will incorporate my own experience.

And first taking SCIRRHUS.

In the early stage the most specific remedy we possess is undoubtedly *conium*. All that Hahnemann can advance theoretically in its favour is found in his proving, "Pain in the mamma ; hardness of her right mamma, with pain to the touch ; and stitches in the mammæ at night." But with his usual sagacity the great Master saw that in a remedy so indicated in the results of local injury—so closely allied in its affinities to the lymphatic system—so often suggested by the characteristics of senile disease—we must have one very nearly related to scirrhus.

Over the second stage, or stage of degenerative softening, *hydrastis* probably exercises the greatest amount of influence.

In the third or ulcerative stage I have seen the external use of *galium aparine* followed by remarkable results, as the following instance will testify :—

Scirrhus.

Mrs. S. W., æt. 52.

July 10th, 1871.—Nine years ago she perceived a lump in her left breast. This gradually enlarged, and when she consulted me it had reached the size of an orange.

The glands were much implicated. She was tortured with sharp and lancinating pains, but there is no burning. There is a small cancerous nodule above the scapular spine on the right side. There is cough, with yellow expectoration, especially in the morning; vertigo, back-ache, flatulence. The period appears intermittently; legs feel bruised; she is a weakly, thin, cachectic-looking person.

Under *conium* 3x, with *succus conii* locally, the symptoms improved, the tumour decidedly diminished, the skin became less engaged, and the general powers of life were markedly invigorated down to the 23rd of October—a space of more than four months. Then active disintegration took place, the tumour discharged at successive points, and various remedies were employed to meet new symptoms as they appeared.

On the 12th Feb., 1872, a nodule appeared in the right breast; *hydrastis* 3x, was administered internally, and an infusion of *hydrastis* applied to the tumours.

On the 25th of March a nodule appeared on the forehead. All through the course of the disease copious hæmorrhages had taken place from the ulcerating left breast.

Belladonna compresses afforded great relief to the pain.

At this stage I applied to the open sore, now as large as the palm of my hand, a compress of *succus galii*. The effect was very peculiar and striking. In a few days the wound dried, and simultaneously a diminution in the size of the secondary nodules was visible. The ulcer of the left breast became entirely desiccated and scarred over, whilst owing to the arrest in the discharge and hæmorrhage the general health visibly improved.

This patient took cold in August; acute pleurisy, with effusion over the right lung, combined with an aphthous state of the mouth, was the immediate cause of death. She expired on the 14th of August, 1872.

I have injected *succus galii* into scirrhus nodules in the first stage with purely negative results, and I may say the same of *hydrastis*.

Arsenic I administer when there is burning pain and great prostration.

Silica gives very marked relief to the secondary sympathetic pains of cancer.

Condurango was so highly lauded when it appeared that I have never employed it.

Encephaloid.

There is no doubt that this form of cancer has disappeared under the use of specifically-indicated remedies. The celebrated case of Marshal Radetzky is sufficient to prove this. Unfortunately two remedies—*carbo animalis* and *thuja*—were employed. Until it has been demonstrated which of those actually should be credited with the cure, we cannot do better than repeat Dr. Hartung's prescription.

I think Dr. Hughes' observations conclusively point to *phosphorus* as the most hopeful remedy against the highly vascular varieties of encephaloma.

Epithelioma.

It is here that *hydrastis* finds its true sphere of action. On reading carefully the provings of the Golden Seal we cannot fail to be impressed with the peculiar and profound influence exerted by this drug over the mucous membranes of the body. I have so many times witnessed the rapid disappearance of epithelial lip-cancer under the combined external and internal use of this remedy, that I must claim it as an undoubted exception to my assertion that we have not discovered the specific to any classic form of cancer.

Should it in any special case fail, we should fall back on the use of the time-honoured *arsenic*.

Cancroid Growths.

Of these the representative is *lupus*. Its most appropriate treatment I have indicated elsewhere. Undoubtedly the most strongly indicated remedy theoretically, and the most successful in practice, is the *bichromate of potash*.*

Surgical Treatment.

Sir Benjamin Brodie, the king of conservative surgeons, admirably defined surgery as "bad medicine." Our daily experience has amply confirmed his dictum. Surgical treatment is obviously of limited application in

* I should like it to be clearly understood that I do not undervalue symptomatic treatment. Upon that we must all fall back at times, to give those entrusted to our care the fullest benefit of the resources at our command. Here my object is different; I purposely approach the subject from a pathological point of view.

malignant disease. It is plain that we can remove only superficial growths by external means.

The experience of physicians from the time of Hippocrates confirms the view that the use of the knife is a delusion, either as a means of cure or even of prolonging life. It is unfortunate that the statistics of operation mean the statistics of the knife. If a cancer evidently resist internal treatment, the best chance we can give our patient is by enucleation by means of caustics. The knife I never employ, for however clean the sweep, however careful the sponging, arteries, veins, capillaries, and lymphatics are left more or less patulous, and who shall say that no drop of cancer juice shall reach their gaping orifices? The most convenient caustic is undoubtedly the chloride of zinc. It is usually combined with hydrastis powder to form a paste, but I am convinced that the nature of the substance employed for that purpose is a matter of perfect indifference.* It may be mixed with flour, as was the custom with M. Cancoin, who, in conjunction with M. Hänck, is said to have first employed it as an escharotic.

My custom is to chloroform the patient, make a ring of carbonate of soda paste round the tumour *two inches* from its circumference. Armed with stout gauntlets I then destroy the area of skin between the tumour and the alkaline paste by painting with anhydrous nitric acid, using a glass brush. Care must be taken to thoroughly protect the circumjacent tissues from the spurting of the acid.

With a wire ecraseur I then remove the tumour, secure bleeding vessels by ligature or acupressure, and cover the exposed surface with caustic paste spread on lint, covered with oiled silk. Upon this may be placed a bladder of ice to allay pain.

The next day, if the base of the tumour be not reached by the paste, I make parallel incisions with a blunt knife, and apply paste again. The use of the ecraseur spares the tedium and torture of the customary repeated incisions. If the cancer be colossal the ecraseur wire may be passed through it by means of a blunt needle, and the tumour removed in two or more segments.

When the base of the tumour is reached, and, if subja-

* A very little reflection will convince any one that a compound intended to react destructively or chemically upon tissues, cannot at the same time exert a therapeutic action on them.

cent tissues allow it, passed, I dress the resultant wound with *inf. hydrastis*. If healing be tedious, I apply *extract. galii ap.*, using as far as possible the same medicine internally as locally.

I think it judicious to exercise great care in the selection of cases for operation. I do not commend removal if the patient be fat and plethoric, or if the cancer cover an enormous surface; if the patient be of gross habit and overfed on animal food; if of drunken habit; if gouty; if the subject of albuminuria; if markedly dejected or cachectic; if skin be brawny, with firm œdema, and wide open hair follicles; if the skin be widely adherent or contain scattered cancerous foci; if the patient be aged, with little prospect of prolonged life in any case; if the glands be seriously complicated; if other organic disease be present.

As regards the hygienic conditions of cancer patients, after what we have said of the tendency of damp, low-lying soils to assist in the generation of cancer cachexia, it is obvious that a removal from them to high-lying primary strata, such as you are aware may be found in this country in the upper grounds of Scotland, of Wales, and of Devon.

I have seen no benefit accrue from depriving patients of animal food.

ON THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF ALOES.*

By W. B. A. Scott, M.D.

THE date of the introduction of *aloes* into the medical armarium lies at some unknown point in the long interval between Hippocrates and Dioscorides; by the former the drug is not even mentioned, while the latter refers to it as in extensive use as a polychrest in his own days. More fortunate than many other remedies of, perhaps, equal value, *aloes* have, up to the present day, consistently sustained the high reputation they thus early acquired. They were held in high esteem by the Arabian school; and entered into a large proportion of the favourite nostrums of the middle ages. In the latest edition of the British Pharmacopœia they form an ingredient in about twenty

* Presented to the British Homœopathic Congress, London, 1874.

officinal preparations, many of which, from the polypharmacy displayed in their composition, are evidently of no recent date. Very various are the virtues which have been ascribed to this drug at different times. Thus in *Hufeland's Journal* (1822) we find a case of deafness alleged to have been cured by *aloes*, and this action has been confirmed by other observers. In 1824 we find the drug recommended by Rau for dysentery, without, perhaps, sufficient pains having been taken to indicate the forms of that disease to which it is specially applicable. Again, in 1839 Biermann employed it externally in the treatment of burns. Among the allopaths of the present day, as is well known, it ranks high as a tonic, stomachic, purgative, emmenagogue, and occasionally as an anthelmintic.

Socotrine and Barbadoes *aloes*, the two officinal forms of the drug, so named from their respective sources, consist of the inspissated juice of the leaves probably of several different varieties, as *aloes spicata*, *vulgaris*, *socotrina*, *rubescens*, &c. That in general use among homœopaths is prepared from *a. spicata*; but the chief provings which I have been able to obtain (viz., those in the *American Homœopathic Review*, to which your Vice-President kindly drew my attention), seem to have been made with the ordinary Socotrine *aloes*. I have found it impossible to obtain other provings of any length, for which reason, among many others, I trust I shall meet with your kind indulgence for the very meagre and imperfect nature of the following remarks.

Under the head of "morale" we find the following leading symptoms ascribed to *aloes*:—Anxiety, anguish, restlessness, fear of death, repugnance to conversation, anthropophobia, disinclination to labour, amorous thoughts, despondency and moroseness. Accordingly, we find this drug recommended as a "divine remedy for melancholy" by Aretæus. All these symptoms seem usually to be aggravated during the morning and afternoon, and to be diminished towards night. They are also relieved in the open air. Symptoms of a totally opposite nature have been observed in some cases, but those above mentioned seem to be of the more frequent occurrence. It will be at once seen that they are all but identical with those of *aconite*, with the exception that the latter presents a nocturnal aggravation. Also, dislike to noise is specially

recorded under *aconite*, and not so distinctly referred to under *aloes*, though even here *one* prover mentions a liability to start at sudden sounds under certain circumstances. The symptoms of *agaricus* under this head appear scarcely distinguishable from those of *aloes*; and here the period of exacerbation nearly corresponds. This is also true of *aurum*. The same may be said of *belladonna*, only here the aggravation is towards evening. *Colocynth*, *ippecacuanha*, *conium*, and *bryonia*, too, present striking resemblances, as also does *nux vomica*, though in the last-named drug the action is more variable. Something similar is perceived with *pulsatilla*. *Phosphorus* and *lycopodium*; also offers many points of similitude; while *platina*, *plumbum*, *assafoetida*, *arsenicum*, and *clematis* exhibit a partial, though less complete, resemblance.

For Morale; compare with *aconite*, *agaricus*, *aurum*, *belladonna*, *colocynth*, *ippecacuanha*, *conium*, *bryonia*, *nux vomica*, *pulsatilla*, *lycopodium*, *platina*, *plumbum*, *arsenicum*, *assafoetida*, *clematis*, *phosphorus*.

We find the following cerebral symptoms produced by *aloes*: Vertigo, worse on turning quickly, or going upstairs; dull, pressive pain in forehead and vertex; hemi-crania; stitch-like pains in supra-orbital region; pressive and boring pain in temples; pressive pain at vertex; pulsating pain at occiput; feeling of pressing asunder at occiput; congestion of the head; throbbing in the middle of the brain. Accordingly, we find *aloes* recommended for headache by Dioscorides; and specially prescribed in severe and prolonged cases of headache, accompanied with vertigo, by Schröder and Trousseau. The head symptoms are relieved by cold, thus manifesting their congestive nature. We also find numbness and heat of the scalp, with dryness of the hair; and this drug has been recommended by Schröder and others to prevent loss of hair. Again, we find pressive pain in the eyes with conjunctivitis, and find it given by Dioscorides for suppuration from the eyes. We find ear-ache, increased by clenching the teeth, tinnitus, and other aural symptoms. Its efficacy in some cases of deafness is well known. Lastly, we have drawing toothache.

For cerebral symptoms compare with *aconite*, *lycopodium*, *colocynth*, *pulsatilla*, *nux vomica*, *conium*, *bryonia*, *plumbum*, *belladonna*, *arsenicum*, *platinum*, *aurum*, *assafoetida*, *clematis*, *agaricus*, *graphites*, *phosphorus*.

Now, every one of these symptoms occurs with *aconite* and *phosphorus*; *agaricus* presents fewer points of resemblance than under the previous head; *assafœtida* still fewer; *arsenicum* a good many more; *aurum* and *platinum* have much in common with them, especially the eye-symptoms as regards the former, and the pressive nature of the headache in the case of the latter; the cerebral symptoms of *belladonna*, though far more marked, are not dissimilar in kind; those of *nux vomica*, *conium*, and *bryonia* approximate still more closely; but in the last case the symptoms seem more of a nervous than a congestive character; *plumbum* has much in common, and, what is very striking, produces frequent and sudden attacks of deafness; *pulsatilla* offers a very strong resemblance; *graphites* less so; *clematis* rather more than *graphites*; while the likeness presented by *lycopodium* and *colocynth* almost equals that of *aconite*. *Ipecacuanha*, the morale of which is a good deal similar to that of *aloes*, here presents few points of resemblance. The order of likeness seems to me as follows: *Aconite*, *lycopodium*, *phosphorus*, *colocynth*, *pulsatilla*, *nux vomica*, *conium*, *bryonia*, *plumbum*, *belladonna*, *arsenicum*, *platinum*, *aurum*, *assafœtida*, *clematis*, *agaricus*, and *graphites*.

We find the following symptoms recorded under the digestive system. Hot, red, and dry lips; dryness of mouth with thirst; tongue red and dry—sometimes coated yellow—tongue and gums sometimes ulcerated (for which it was given by Dioscorides); constriction, hoarseness, and rawness in throat; persistent nauseous taste; eructations, sometimes bitter, at other times tasteless; appetite sometimes increased, at others diminished; nausea and vomiting, for the cure of which it has been successfully employed by Schrœder; hæmatemesis, for which it was prescribed by Dioscorides; pressive pain and warmth at epigastrium; colic; acute abdominal pains at various parts; pain and distension in hypochondria; pain in spleen (the drug is much used by the Hindoos for enlarged spleen); heat, pressure, and pain in liver; great, general distension and flatulence; inflammation and ulceration of rectum; dragging sensation in rectum; hæmorrhoidal pains; crawling, pricking, and burning in anus, which is morbidly sensitive to the passage of the fœces; dysentery; hæmorrhoids; stricture of the rectum; stools generally very yellow; said to act as a purgative when constipation arises

from insufficient flow of bile, or atonic state of intestinal walls.

For digestive system compare with *aconite*, *lycopodium*, *pulsatilla*, *colocynth*, *arsenicum*, *bryonia*, *belladonna*, *ipécacuanha*, *nux vomica*, *mercurius*.

The above symptoms are nearly identical with those of *aconite* and *lycopodium*, while they strongly resemble those of *pulsatilla*, *colocynth*, *phosphorus*, *arsenicum*, and *bryonia*. They also bear some likeness to the corresponding symptoms under *belladonna*, *ipécacuanha*, *nux vomica*, and *mercurius*. But we no longer can trace any noteworthy resemblance to the symptoms of *graphites*, *agaricus*, *conium*, *plumbum*, *platinum*, or *aurum*.

The provings of the chest symptoms, alike respiratory and circulatory, are in a very unsatisfactory state, so far as I have been able to discover. We find epistaxis mentioned, which, according to Schröder, it will also arrest; but, considering the tendency of *aloes* to produce cerebral congestion, it may be questioned whether in the present case this ought not rather to be considered a head symptom. Then we have sneezing and coryza, a general feeling of oppression and anxiety, along with acceleration of the pulse; hoarseness, and occasional inclination to cough. Congestion of blood to the chest is also mentioned by some provers, together with flushes of heat over the entire body. It is obvious that with such meagre provings any comparison which we may institute in this respect between the action of *aloes* and that of any other drug must be very imperfect, but it is equally clear that so far as they go the above symptoms closely resemble those of *aconite*, *lycopodium*, *arsenicum*, *phosphorus*, and *ipécacuanha*.

The action of *aloes* on the urinary system is variable, as at times the urine has been hot and scanty, while again on other occasions the urinary secretion has been large in amount and yellow and turbid, or, again, mixed with blood. Scalding during micturition has also been noticed in some cases. All these symptoms also occur under *aconite*, *pulsatilla*, *lycopodium*, *arsenicum*, and *phosphorus*.

Under the head of generative system we find aphrodisiac symptoms strongly marked in both sexes, and menorrhagia in the female, as well as uterine congestion and miscarriage—very much, in fact, the symptoms of *platina*, which here approximates more closely to *aloes* than any other drug with which I am acquainted; but it deserves to be

compared likewise with *lycopodium*, *phosphorus*, *arsenic*, *aconite*, and *pulsatilla*. In some respects it ought rather to be *contrasted* with the last named. *Colocynth* here presents an absolute contrast.

With regard to morbid anatomy, the chief appearances which have been noted are those of congestion of the bowels, particularly of the large intestine, and of the pelvic viscera generally, but congestion of the lungs and brain have been recorded in some cases. Clinically it has been found especially useful in cases of dysentery, piles, menorrhagia, and some forms of hepatic disease—that is to say, just in the very diseases which, according to former works on *Materia Medica*, contra-indicate its exhibition, and in some cases of rheumatism, headache, falling out of the hair, and deafness.

Having thus briefly summarized a few of the leading actions of *aloes*, and seen with what drugs it admits of comparison under each system, as well as taken a short view of its clinical action and post-mortem effects, we must endeavour to apply the knowledge thus gained, so far as it goes, to discovering the organopathy of the drug, and further ascertaining for what regions, as well as for what tissues and organs, it has a special affinity.

The post-mortem appearances, so far as recorded, point to little more than congestion of the alimentary canal, especially at the lower extremity, but to this clinical observation and provings have enabled us to add congestion of all the pelvic viscera, and occasionally of the lungs, and meninges of the brain.

I am not aware that any rash has been observed as the result of the administration of *aloes*, but that the drug exerts some influence upon the skin seems certain, since it clearly arrests the falling out of hair in many cases. We might also have been led to expect some action on the cutaneous system, by noticing its similarity to graphites in some respects.

While we started with a comparatively large number of companion drugs with which to institute comparisons, we have seen that, as we passed hastily from system to system, they have for the most part, like earthly friends in the fable, dropped off one by one at each successive stage of our progress, so that of the 17 with which we started at its commencement, 6 only have accompanied us to its close. These are named in order of resemblance, *lycopodium*, *aconite*, *arsenic*, *phosphorus*, *platina*, and *pulsatilla*.

Now, of these we may note—

1. *Lycopodium* specially acts upon mucous membranes, and also exhibits an elective affinity for the liver and chylipoietic viscera.

2. *Arsenic* acts specially on the gastro-intestinal mucous membranes. Here we have one region of the action of *aloes* clearly indicated by comparison no less than by observation. Again,

3. While *phosphorus* certainly has an action very similar to that of *arsenic* on the gastro-intestinal mucous membrane, it has also a distinct aphrodisiac action of its own.

4. *Platina* is chiefly remarkable for its action on the pelvic organs, especially those of generation in the female. Here we find the analogues of *aloes* in reference to another sphere of action, viz., emmenagogue and aphrodisiac, and also to its most characteristic seat, namely, the pelvis.

5. The action of *pulsatilla* is over the mucous membranes generally, likewise on the organs of generation; hence the great resemblance we have noticed to *aloes*, though it is right to observe that as regards the generative system the action of *pulsatilla* is very frequently, if not most commonly, in an opposite direction to that of *aloes*. The relations between *aloes* and *aconite* appear to me to require a little more careful consideration.

The control which *aconite* exercises over the circulation must be ascribed to the direct or indirect action of the drug upon the heart. Besides this, it appears to act upon the system of involuntary muscle generally, as shown by its power in dilating the pupil, which it does, though to a less extent than *belladonna*. Now, the action of *aconite* is very much more rapid than that of *aloes*, and its cerebral action is far more marked, both of which facts lead to the conclusion that the former acts through the medium of the nervous system—an inference which derives greater probability from the well-known anodyne properties of *aconite*.

The drug we are now considering (*aloes*) possessing no anodyne properties, and exhibiting a less distinct cerebral action, while, at the same time, it seems to affect the circulation, probably does so by its direct action on the involuntary muscular tissue contained in the coats of the vessels, and as its action on the circulation is so very much less distinct than that of *aconite*, it seems worth while to inquire whether it exerts any direct influence on the heart

itself at all. No doubt, the heart is an involuntary muscle, but it possesses the striated instead of the non-striated structure, which may possibly make some difference as to the drug influences to which it is amenable.

We may, I think, sum up the organopathy of *aloes* thus: The structures upon which it acts are—

1. Mucous membranes generally, and in particular those of the pelvic viscera.

2. Involuntary muscle, especially that of the pelvic and cranial blood-vessels.

The sympathy so well known to exist between the brain and its neighbouring structures and the pelvic organs of generation, may help us to understand the influence of the drug on two such distant sets of vessels. Its action in arresting falling out of the hair may admit of explanation by its influence upon the small involuntary arrectores pilorum muscles at the root of each hair.

I should describe its primary action as tonic, its secondary action, or the action of a poisonous dose, as relaxant, and to this relaxant action on the muscular walls of the vessels I should ascribe the pelvic and cerebral congestion which have been recorded.

To its tonic action on the same tissue I ascribe its value in medicinal doses in the treatment of piles and menorrhagia, and it is noteworthy that it is in those cases of the last-named ailment which are accompanied by determination of blood to the head that this drug has been found especially useful.

In dysentery, with well-marked inflammatory symptoms, and much flatulence, *aloes* have been found useful, and these two conditions would seem to be especially amenable to this tonic action of *aloes* on the non-striated muscular system of the coats of the vessels and intestines, while a similar action on the mucous membrane of the alimentary canal lessens the undue secretion of mucous slime passed with the discharges.

Lastly, the forms of simple diarrhœa and dyspepsia to which *aloes* have been found most appropriate, are those accompanied with flatulence and other indications of an atonic state of the gastro-intestinal walls. Its influence on the liver may, perhaps, be further explained by the sympathy known to exist between that viscus and the rectum.

Such are the observations I have been able to collect

upon this drug. I cannot but regret, that, meagre and brief as they are, they should so far have trespassed upon the time due to other more valuable and more original communications.

HOMŒOPATHY IN THE TREATMENT OF MALARIOUS FEVERS.*

By MAHENDRA LAL SIRCAR.

MR. PRESIDENT AND GENTLEMEN—HONOURED COLLEAGUES,—I can scarcely thank you sufficiently for the honour you have done me in inviting me to contribute my mite in the shape of a paper on some subject relating to homœopathy at this your annual gathering for 1874. When I recall to mind the history of these congresses, which I have watched with intense interest, when I recall to mind the great men who had presided and the great men who had contributed papers at these congresses in times past, and when I realise in my mind's eye (which alone I can do at present, being prevented by a variety of reasons from accepting your president's kind invitation), when I realise in my mind's eye the meeting of the present congress—presided over by a gentleman of rare accomplishments, to whose noble translations the English-speaking world is indebted for its acquaintance with the thoughts, experiences and reasonings of our illustrious Master,—thoughts, experiences and reasonings which have removed for ever the landmarks of mystic, and laid the foundation of positive medicine; and to whose valuable "Lectures" the world is indebted for one of the soundest expositions of homœopathy extant:—When I realise in my mind's eye the other gentlemen present, some of whom, like the worthy president, have, by their writings and researches, acquired names which are heard of in every part of the civilised world, and others—the younger band of workers—nobly striving to add to the stock of knowledge and to advance the cause of the greatest truth yet discovered in the domain of medicine:—When I realise in my mind's eye all this, I am humbled in the dust to think that you did not forget to invite an obscure man in an obscure corner of the far East, and to invite

* Presented to the British Homœopathic Congress, London, 1874.

such a man to contribute to your intellectual enjoyment. Not for my own sake, nor even for yours, honourable colleagues, but for the sake of the truth which we all worship and the system which enshrines it, do I hasten to comply with your kind request. Yes, Gentlemen, it is simply to bear witness to the truth and to show that truth when understood has charms for even the meanest intellect, that I have ventured to lay before you this humble contribution of mine, which otherwise would be ridiculous in comparison with the contributions of the other gentlemen.

I have selected for my subject "Homœopathy in the Treatment of Malarious Fevers," for the reason that we have at present in Bengal a deadly epidemic of malarious fever which has been devastating the country for some time past, and does not as yet show any signs of diminution of its virulence, and that this, in common with epidemics in general, has been instrumental in demonstrating, not indeed the utter futility of the old system, but the vast superiority of the new over the old. The limits of this paper will not allow me to dwell at any length on the causation or even on the nature of the disease. The causation is, in spite of the efforts of Government and of private individuals to discover it, still shrouded in the densest obscurity; but the nature of the disease, though mistaken by a few eccentric medical men, is patent to every one who has eyes to see and a modicum of common sense in their heads. Whatever malaria may be, whether a material poison, or a mere influence, whatever its immediate and remote causes, in all which matters there may be and has been the widest divergence of opinion, there is perfect unanimity about its effects on the human system. The fevers, the cachexia, the concomitants, and the sequelæ, which come on in its train, are all so marked and characteristic, that even laymen do not fail to recognise their peculiar features, and refer them to their true origin, though the origin of that origin itself may not be easy to trace.

The grand characteristic of malarious fevers is their periodicity—their recurrence after definite or indefinite periods of lull as it were, of apparent health, at least, of apparent apyrexia. A typical paroxysm of fever consists of three distinct stages, the cold, the hot, and the sweating, which are followed by a period of apyrexia of a few hours

or of a day or two, which again is succeeded by another paroxysm of the same character, and so on, for a number of paroxysms constituting an attack, after which there is a longer lull of a few days or even months, to be followed by another series of paroxysms or another attack. In this way attack after attack follows, either gradually diminishing in intensity and duration, which is a rare thing, especially when the patient continues to reside in the malarious locality, or gradually increasing in severity, till the intermissions are mere remissions, and the paroxysms, though less in violence, become more obstinate and more exhausting, in other words, till the intermittent gives way to the remittent type. Sometimes the order of things is reversed, the disease at first appearing as remittent, and afterwards becoming converted into an intermittent form. This is certainly the more favourable course of the two. As a general rule, it is the degree of virulence or concentration of the malarious poison or influence which determines the type of the fever; the more virulent and concentrated the malaria, the greater being the tendency to the remittent variety of the disease. We say as a general rule only, because we have seen cases of the strictly intermittent type in which life has been compromised sometimes in the pre-febrile, sometimes in the post-febrile stage, and this in the course of one or two days only. In these cases the malaria must certainly have been of the most concentrated and virulent form, notwithstanding that the fever was of the intermittent character. These acute cases are of the gravest description. They occur when the epidemic is at its height. In their acuteness, severity, and mortality they resemble cholera.

The varieties of these types of malarious fever are endless, and it is needless in this paper to recount them. I shall just touch upon the concomitants and the sequelæ. It is difficult to say whether the primary action of malaria is upon the blood, and through the blood upon the ganglionic nervous system, or upon the ganglionic nervous system and through it upon the blood-forming organs. Whether the one or the other, the result is the same—destruction of the red corpuscles of the blood and the arrest of their genesis. I have seen healthy, robust men, with no lack of red blood in their system, blanched after a few days' residence in a malarious district, before even the symptoms of the fever had been quite developed, and long

before either the liver or the spleen had become enlarged. Simultaneously almost symptoms indicative of derangement of the ganglionic nervous system, especially of that part presiding over the *primæ viæ*, make their appearance, such as loss of appetite, defective secretion, costive bowels, nausea with or without vomiting, &c. Next in order of sequence is the implication of the animal nervous system, as manifested by extreme nervous and muscular debility: this is probably through the ganglionic nerves controlling the vessels supplying the cerebro-spinal centres. The symptoms of implication of the nervous system, ganglionic and cerebro-spinal, indicate not congestion but exhaustion and defective nutrition from an improperly oxygenated and spanæmic blood. I maintain that primarily there is no congestion of any of the viscera, cephalic, thoracic, or abdominal. I maintain also that congestion of the abdominal viscera much more frequently ensues than congestion of the thoracic, which again is much more frequent than congestion of the cephalic.

It is difficult to say, however, which of the abdominal viscera it is which suffers the earliest. If we trust to physical signs alone, apart from vital symptoms, the spleen would appear to suffer first. But attention to the vital symptoms, a right interpretation of all the phenomena of these fevers, leads to a different conclusion. It would thence appear that the mucous membrane of the digestive tract suffers earliest in the order of sequence; the liver next, or simultaneously; and last of all the spleen. The spleen, in fact, appears to me to act as a safety-valve to the disturbed functions of the alimentary mucous membrane and of the liver. I have accordingly always looked upon the early enlargement of the spleen as a salutary sign. And I have almost invariably seen that in these fevers the gastric and the hepatic derangements continue obstinate, so long as there is no perceptible enlargement of the spleen. The first effects, therefore, of the enlargement of the spleen are to divert the morbid action from the stomach and the liver, and to avert the tendency to vomiting, diarrhœa, and dysentery. Again, the assumption by these fevers of the remittent type seems to me to depend upon the want of an adequate safety-valve action of the spleen. And it is a notorious fact that it is in the intermittent variety of the disease, that this organ is found early and the most frequently enlarged. All that is said

here with reference to the salutary safety-valve action of the spleen, is of course with reference to the early stages of the disease. The organ, in the course of the disease, may become so enormously enlarged that by its very bulk it will seriously interfere with the functions of the neighbouring and even of remote organs. Thus by its pressure upon the stomach it will interfere with digestion; by its pressure upon the transverse and descending colon it will impede its normal peristalsis and give rise to alternate constipation and diarrhœa; by its pressure upon the liver, especially if the latter be enlarged, it may interfere with its secretion, and thus cause jaundice; by its pressure against the diaphragm, and through it upon the lung and the heart, it may give rise to a variety of abnormal sensations, pains and stitches, palpitations, breathlessness, &c.

Though functionally the liver suffers earlier than the spleen, it does not become enlarged, as a general rule, till after enlargement of the latter organ, and even then it is not in all cases that it becomes enlarged. The number of cases in which there is both enlargement of the spleen and of the liver is small compared to the number of cases in which there is enlargement of the spleen alone, and the number of cases in which there is enlargement of the liver alone without enlargement of the spleen is much smaller. I cannot state the exact ratio of these cases. On a rough estimate I should think that in about 50 per cent. of cases there is enlarged spleen, in about 25 per cent. there is both enlarged spleen and liver, and in 15 per cent. there is enlarged liver alone, and in about the remaining 10 per cent. there is apparently no organic complication.

Next to enlargement of the spleen and the liver we have dropsy, dropsy of the general cellular tissue, as well as of the peritoneal cavity. Anasarca is much more frequent than peritoneal dropsy; and both, as a general rule, seem to arise as a direct consequence of the enlarged liver and spleen, and of the impoverished blood. The pressure of the liver upon the vena cava descendens and of the liver and the spleen upon the mesenteric vessels, impede the adequate return of the blood from the lower extremities, and from the intestines, and the blood being poor in red globules and fibrin and more full of water, the necessary consequence of this state of things is the

effusion of serum into the cellular tissue and into the peritoneal cavity. The condition of the blood alone has, in many cases, determined the dropsies, without any help from the mechanical pressure of the organs in question. I have had considerable experience of the present epidemic, and had under treatment several cases of dropsy of the general cellular tissue and of the serous cavities, as the sequelæ of malarious fevers, but in no instance could I detect any disease of the kidneys. And although I would not be justified in pronouncing the absence of organic renal disorder as universal in cases of malarious fevers, yet I can assert thus much that, if it is developed at all, it must be of the rarest occurrence. This, I believe, is accounted for by the fact of the entire removal of the kidneys from the influence of circulation in the portal system.

The next sequelæ that I have to notice are disorders of the alimentary canal, chiefly the small and the large intestines, resulting in diarrhœa or dysentery or both. Diarrhœa, as I have said above, may arise from mechanical pressure of the enlarged spleen and liver upon the intestines; but it may arise independently as a consequence of the malarious cachexia. There is often a peculiar form of diarrhœa in which there is invariably aggravation from oleaginous and fatty foods. In these cases that small organ, the pancreas, which does not seem to have received the degree of attention from pathologists and physiologists its importance in the economy of digestion demands, appears to me to be at fault. Its intimate relation to the portal system would lead us to expect that it must suffer in all cases of malarious fevers, and that it does suffer is evidenced by the fact that fatty food is not well borne in these fevers. Dysentery is a rare sequela of malarious fevers, and in my opinion is generally a result of heroic treatment. It may, however, like diarrhœa, arise independently, and then it is a most serious complication.

The last sequela that I shall notice is what goes by the name of cancrum oris. This consists in ulceration and sloughing of the mouth. It has its start either in the mucous membrane or skin of the lips or cheeks, whence it gradually invades the neighbouring tissues, finally attacking bone (superior or inferior maxillary), or it may have its start in bone and thence radiate within and without, involving the structures in one wide-spread gangrenous

inflammation. This most serious and frightful complication is rarely a phenomenon of the early stages of malarious fevers, and, in fact, it is rarely a phenomenon of genuine malarious fevers, that is, of fevers left to themselves and not much mismanaged. It is, however, not an uncommon attendant of mismanaged cases, even in their early stages, especially of cases under kavirajs or native physicians who pretend to practise after the principles of old Hindu Medicine, and use preparations of mercury extensively in almost all diseases. Cancrum oris may arise in the natural course of malarious fevers from exposure and from the free indulgence in acids and acid fruits; but my persuasion is that, in the majority of instances, it arises from the abuse of mercury in these fevers. The very use of mercury (in massive doses) in these fevers is, in my opinion, its unpardonable abuse, especially when the spleen has become enlarged and the anæmia is fully developed. The susceptibility to the action of mercury in malarious fevers is fearfully increased, and sometimes a single dose of calomel given with a purgative has brought on dangerous salivation, culminating in cancrum oris.

Such is a rapid sketch of the fevers which, for the last twenty years, have been devastating village after village of the finest and richest province of India. The epidemic, by the unwonted virulence it has manifested, by its wholesale invasion of every living soul, by the unprecedented mortality that has followed in its train, by the rapidity and certainty of its progress from village to village, has stirred up the community to its innermost depths, and naturally roused its vigilance towards the capabilities and resources of the medical profession. The various systems of treatment which divide the profession are under trial in a grand experiment, and it is both interesting and instructive to note the result of this trial. This is what I intend to lay before you, but before doing so I would just state for your information what the various systems of treatment are that are struggling for existence and mastery in this country.

Taking them in the chronological order of their existence, we have first of all the indigenous system founded on the Ayurveda or the ancient Hindu medical writings. This is a rude form of allopathy, and is characterised by the wildest polypharmacy. The practitioners of the system are invariably Hindus, and are called Kavirajs or Vaid-

yas. We have next the Arabian system, founded upon the writings of Avicenna and other old Arabian authorities. This also is a rude form of allopathy, and characterised, equally with the former, by polypharmacy, with this difference, that it deals more with food medicines, and less with virulent poisons. The practitioners of this system are called Hakims, and are both Mahometans and Hindus, but chiefly the former. We have thirdly the European allopathic system, which has come into vogue since the conquest of India by the British, but which has obtained a secure footing since the establishment of the Calcutta Medical College. Of this system I need not speak anything to you, as you are too familiar with it. We have last of all the system of Hahnemann, the exact date of introduction of which into India I have not been able to trace, but which, if I may say so without presumption, has begun to command respect, if it may not be said to have yet obtained a secure footing, since the conversion of your humble colleague. Homœopathy has not yet gained many professional votaries in this land. In fact the number is so small that it may be counted on one finger. But it can count non-professional votaries by hundreds and even thousands. And while the interest in the system is being mainly kept up by a few professional devotees, and by the Journal published in Calcutta, devoted to its cause, it is to some extent also sustained by non-professional practitioners, who deserve all praise for this good service in the absence or dearth of professional men. I may here mention, in a general way, that the Hindu system is in favour with the orthodox Hindus, the Arabian system with the Mahometans, the European system with the Europeans and the educated classes of the Hindu and Mahometan communities. The Hahnemannian system is just making its way, and is in favour with a few Europeans, a pretty large number of Hindus orthodox and heterodox, and a few Mahometans. It is not a little curious that the Europeans are the most conservative in the matter of treatment, the Hindus the least so. I should think the Hindus have been most unjustly blamed for their stereotyped character. They are, in fact, of all the nations in the world, the most susceptible of reform and progress, if only they are convinced of the genuineness of the reform and the reality of the progress; and they are very open to conviction.

At the time the epidemic first broke out, the European allopathic system, by the fact of its being built upon a number of the most positive and progressive sciences, and even by the progressive character of its therapeutics, kept up by the spirit of research, had already asserted its immense superiority over the Hindu and Arabian systems. In no other disease was the utter helplessness of these systems proved more than in periodic fevers, in the treatment of which the European allopathic system was looked upon as wielding the wand of the magician. When the epidemic broke out with fevers characterised by periodicity, the eyes of the sufferers and of every body were naturally turned towards this system, and its professors and practitioners fearlessly faced the enemy, in full reliance upon their infallible specific, and the result for a time was truly magical, but only for a time. Soon the system was startled out of its dream of infallibility. So long as quinine succeeded in suppressing the fevers, the system was in triumph. But the human organism became accustomed, and therefore blunt to the action of the anti-periodic, and the fevers made their wonted appearance, less and less to be influenced by it, till a stage arrived when the exhibition of quinine or bark in any shape became a positive evil, causing aggravation of the fever, and bringing on other unpleasant symptoms in its train.

Quinine failing, the system became impotent, and the people could not fail to notice the impotency. The battle, of course, was not given up, as indeed it could not be given up with any decency. A host of drugs was summoned to aid the specific, which of course was never omitted from any prescription, and the dose of which entirely depended upon the fancy or whim of the practitioner. Some would prescribe it in what they are pleased to call small, tonic doses, and some in heroic, sedative, antiperiodic doses. In the one case the dose was a grain or two, or even fractions of a grain; in the other it ranged from 10 to 90 grains. Among the auxiliaries the mineral acids, iron, strychnine, arsenic, iodide and bromide of potassium, played the chief part. Some practitioners would abstain from purgatives. The majority, however, could not do without them. The action of the bowels must be kept up, so as to derive, as they said, from the liver and the spleen. And when diarrhoea was thus produced, astringents were exhausted, with or

without opium. When from this procedure the bowels became constipated, purgatives were again had recourse to; and thus the unfortunate sufferers oscillated from artificial purgation to artificial constipation, till either diarrhœa or dysentery of an inveterate character was established to terminate their miserable existence.

Very few people could escape with their lives, under the above treatment, to have recourse to others, and fewer still could really recover. Grave sequelæ mentioned before would gradually but inevitably make their appearance, each of them threatening to take away the lives of the patients with the certainty of fate. Under these circumstances, it is really lamentable to behold the way in which orthodox physicians conduct themselves in their struggle against the disease. The same medicines are given in all possible combinations, and with all possible variations of dose. In addition, we have now external applications over the regions of the enlarged or congested viscera,—counter-irritants in the shape of blisters, the tincture or the ointment of iodine, &c. Some very stupid practitioners do not hesitate to have recourse even to leeches to subdue the so-called inflammations or congestions of the internal organs, which they ignorantly believe are the cause of all the mischief. I have seen cases in which blisters became sloughing sores, and, extending down to the ribs, have been the cause of death of the most frightful character. I have seen cases in which the bleeding from leeching has produced hopeless prostration, or aggravated hundredfold the already existing cachexia.

Such has been the result of the European allopathic system in the present epidemic, a result which has been summed up by a Government Commission, "appointed to enquire into the causes of the Epidemic, its course, and the best means of checking its further progress," in the following words:—"It must be borne in mind that do what we may, the disease must in all probability run a certain course, *which is neither to be accelerated or retarded by any means within our reach.*" As for the other allopathic systems, Hindu and Mahometan, we have already said that without Peruvian bark and its alkaloid they are utterly helpless, and if the Kavirajs do succeed, it is because of their surreptitious use of these drugs in strange combination with their own strange compounds.

So that we can leave them out of consideration altogether in the present comparison. When, therefore, we speak of orthodoxy, or the orthodox system or school, we mean the European allopathic.

What has been the result of the homœopathic system of therapeutics in the treatment of the present epidemic? At the time the impotency of the orthodox system was discovered by the people, we had, properly speaking, no regular professional practitioner of homœopathy. But we had a layman of remarkable intelligence, of untiring energies, and of a philanthropic disposition, who had become a convert to the new doctrine, and who endeavoured by the aid of books to master its principles, and apply them in the treatment of cases which had become incurable under the old system, or pronounced incurable by its practitioners. As if under the guidance of Providence, the first patient that presented himself to him was one long suffering from malarious fever and spleen. Babu Rajender Dutt, with no experience of the new system in the dreadful cases of fever of the present epidemic, could think of no other drug to give to the patient in question than quinine. But as the patient saw that he was going to have quinine, said that he had consumed several phials, and would not have any more of it. He would be thankful if the Babu had anything else to give him. This induced him to study the case with some minuteness, so as to individualise it to the best of his ability, and he prescribed some homœopathic medicine; it was *arsenicum* in the present case; and what was the result? The man returned in three or four days to report that there was no return of the fever, which had become his daily troublesome companion for a long long time. The remedy was repeated, I cannot say for how many days, but the cure was complete. The fever, and with it the spleen and other attendant evils, vanished like a charm. This was the first case of remarkable success, and it brought in many more. The Babu's lodging at Chandernagore, where the first victory was gained, and afterwards his dwelling house at Calcutta, came to be thronged with patients of all descriptions, but chiefly those suffering from malarious fevers, patients who had derived no benefit from the old system. The majority of these patients recovered, and the fame of the Babu and of homœopathy spread far and wide. And it was then, but

not till then, that my attention was arrested by the unparalleled success thus achieved, though I must observe it to my shame, that Babu Rajender Dutt is almost my next door neighbour; such is professional jealousy and professional pride! However, once convinced of the efficacy of the despised infinitesimals, I studied the system in right earnest, and finding it of incalculable superiority over what I was taught to believe as the only rational system of medicine, I proclaimed my convictions at a meeting of the Bengal Medical Association in February, 1867, disdaining to ignore the life-giving truth by stifling my conscience, with what result is probably not unknown to you.

Since the year 1867 I have had a most extensive experience of homœopathy in its relation to the present epidemic, having had under my immediate observation upwards of 5,000 cases, and I can most confidently testify to its immeasurable superiority over the orthodox system. Not to speak of the complicated cases with the grave sequelæ mentioned before, in which orthodoxy, with its heroic armamentaria, is not only helpless but mischievous, in the management even of the ordinary cases homœopathy has decided advantages, inasmuch as it can do without purgatives, blisters, leeches, and unnecessary shaving of the head—no small relief to patients in general and to children and female patients in particular. With a few precious drugs homœopathy exercises a marvellous control over the morbid actions wherever manifested.

Before proceeding to sketch the treatment of these fevers let us first put clearly the problem before us. From the description we have given above based upon a large observation of treated and untreated cases, it must have been evident that these fevers are of variable durations—each case consisting of a series of attacks of variable durations, following each other at variable intervals from a day or two to a week or a month or even a year;—each attack again consisting of a series of paroxysms of variable durations, and following each other at variable intervals from a few hours to a day or two. Such being the nature of the fever, is it possible to arrest it at the very first attack, and the attack at the very first paroxysm? So far as my experience goes I do not think this is possible, so long as the patient continues to reside in the affected locality; and even his removal to

a healthy locality does very seldom let him off without a series of attacks, which sometimes may be as grave as if he were in the affected locality itself. Even assuming that removal could secure exemption from future attacks, how can we advise the exile of a whole people? Accepting then the hard fact that people, as a general rule, must reside in their homes, I must state it as an equally hard fact that so long as this is the case, I have not seen a single case of malarious fever which has terminated in one attack, far less in one paroxysm, under any system of treatment. I have thought it advisable to make this statement *in limine*, because I have been annoyed to find that some homœopathic practitioners seem to labour under the delusion that if a right selection is made according to the totality of symptoms then the disease could be extinguished in the bud. If this delusion were confined to themselves it would be harmless; but these practitioners make people share in it, and this gives rise to unnecessary disappointment, which in its turn brings unmerited disgrace upon the system.

In the treatment of these fevers, it is important to bear in mind the stage of the disease at which the treatment is commenced, and the variety of the disease. Roughly speaking the whole duration of a case of malarious fever may be divided into two stages, the acute or the early stage when the sequelæ are not yet developed, and the chronic or the later stage when these become developed. The character constituting the variety of the fever is either intermittent or remittent. The determination of the stage and the character is easily made, but still it is necessary to bear them in mind. For though we have to rely upon symptoms in their treatment, yet the same symptoms have not the signification and bearing and consequently the same importance in the different stages and varieties. I have seen *aconite* prescribed not only in the last stage, but in the last state of the last stage, simply because the patient was in a slight paroxysm of fever! After the stage of the disease itself we have next to consider the stages of a paroxysm in reference to the order of their succession, and the order of their appearance according to the hour of the day.

In the early stage, during a paroxysm, especially of the remittent variety, *aconite* is a remedy of the first importance, in subduing heat and allaying thirst. When

the disease becomes established as an intermittent the sphere of its usefulness becomes narrowed into those cases only in which the accessions come on in the evening.

When along with high fever there are symptoms of cerebral congestion indicated by headache or heaviness of the head with blood-shot eyes, then *belladonna* after *aconite*, or in alternation with it, is of service. From the remarkable success that attends the employment of *aconite* and *belladonna* in the rapid subdual of the febrile paroxysm without the time-honoured refrigerants, diaphoretics, and purgatives, allopaths have come to recognise the value of these drugs, and use them in the same conditions, but in doses, however, too minute to conceal the source whence they are borrowed.

When there is congestion of the liver, indicated by tenderness in the hepatic region, with or without jaundice, *bryonia* after or in alternation with *aconite* is remarkably useful in relieving the congested organ. *Bryonia* is also useful in congestion or inflammation of the bronchial mucous membrane and even in pneumonia, but if it does not succeed well in the latter, *antim. tart.* seldom fails; and in case of hepatization *phosphorus*.

Bryonia of all drugs is of the greatest service in the remittent variety of the disease. *Bryonia* and *rhus toxicodendron* in alternation are the remedies I have chiefly relied upon in those severe remittents which, in every thing excepting the peculiar eruption, resemble the typhus of Europe. In remittents similarly resembling the typhoid or enteric fever, that is, when there is diarrhoea, whether with or without ulceration of the small intestines, I have derived the greatest benefit from *baptisia*. When with the looseness there is tympanitic distension of the abdomen *china* gives me good service; failing with this I use *antimonium tartaricum* with success.

Cases attended with obstinate bilious vomiting are benefited by *eupatorium perf.* which seems to have a remarkable control over these cases, especially when the accessions come on in the morning, with thirst commencing long before the chills, and continuing throughout the chill and the heat, or when they are of the double tertian type, one day occurring in the morning and another day in the afternoon, the morning and afternoon paroxysms being respectively severer and lighter. But even apart from this type I have found *eupatorium* useful in cases where

the irritability of the stomach is so great that not only nothing is retained, but there is vomiting after even the slightest draught of water, so that the very sight of water is dreaded by the patients while suffering from burning thirst. One such case has been recorded in the *Calcutta Journal of Medicine*, and this case gained me a medical man for a convert.

I need hardly tell you what *ipêcacuanha* has done in the way of giving converts to homœopathy. It is very good indeed where there is persistent *nausea*, but it is hardly useful where there is obstinate *vomiting*. In these cases *eupatorium*, as just said, *antimonium crud.*, *antim. tart.*, *nux. vom. arsenicum*, &c., are more useful, of course being selected according to other indications as well.

In the very acute cases when the patient complains of so much heat that he seems to think fire to be issuing from his mouth, his nostrils, his eyes, and his ears, and when along with this there are burning thirst, heat of head unrelieved by cold applications, great irritability of temper and restlessness, *chamomilla* has acted like a charm. *Cham.* has been also remarkably useful in cases where there were nausea, bilious vomiting, bilious diarrhœa, with colicky pains in the abdomen; also in fevers which had become aggravated by fits of anger or chagrin.

In acute cases with great heat and thirst, burning of the skin, great restlessness, with a despondent mood, *arsenicum* in lower potencies has often been useful. *Arsenicum* is particularly useful in cases where along with the symptom already mentioned, there is diarrhœa, which we have reason to suspect has been brought about by indulgence in fruits and cooling things in general.

I have found *antim. crud.* useful either when during the paroxysm there is considerable gastric derangement, such as loss of appetite with loathing of food; constant, loud, bitter eructations; nausea with vomiting of mucus and bile, with or without diarrhœa, and the tongue coated white; or when the fever sets in at noon, with or without chills, and is accompanied during the heat with somnolence.

For fevers returning at the same hour, but chiefly just after noon, and characterised by vomiting and diarrhœa, but chiefly vomiting, of bile or of the ingesta, and colicky pains in the small intestines, with or without, better with, canine hunger, I have found *cina* to be a capital remedy.

For fevers returning exactly at the same time *sabadilla* has been sometimes useful, not at all to the extent it has received credit for.

For fevers returning in the afternoon and accompanied by frequent micturition, I have found *cedron* almost a certain remedy.

For fevers quotidian, tertian, or quartan, coming on in the afternoon or evening and accompanied by loss of appetite, nausea with or without vomiting, and constipation, *nux vomica* has been particularly useful.

For fevers quotidian or tertian, and coming on in the evening or even afternoon, and attended with diarrhœa, *pulsatilla* has seldom failed us.

For fevers accompanied by stupor and obstinate constipation, *opium* (in drop doses of the mother tincture) acts almost like magic. For fever accompanied by somnolence and diarrhœa *antim. tart.* is useful. Much of the success of Grave's Mixture in fevers with cerebral congestion depends no doubt upon the homœopathicity of these drugs to the cases.

We seldom get fevers with the characteristics mentioned by Hahnemann, namely, thirst *after* the hot and *during* the sweating stage, rush of blood to the head, with distension of the veins; but when we do get them *china* in dilutions is useful.

Such are a few remedies which I have found eminently serviceable in the early stage of the disease. There are others which I might mention but whose indications cannot be given in the same laconic way. They require to be differentiated with greater minuteness and care. It is not a little remarkable that cases of malarious fevers, which come under homœopathic treatment from the beginning and which persevere under that method of treatment, very seldom in their later stages become complicated with the dreadful sequelæ mentioned in the beginning of this paper. But it is not always that we get cases to treat from the beginning. In fact, we very frequently do not get cases, till after they have been seriously mismanaged by the other systems, and unless they are too far advanced, it is in these cases that the immense superiority of homœopathy is displayed. I shall succinctly notice the remedies that have upheld the honour of our system.

Nux vomica and *arsenicum* occupy the very foremost place in this list of remedial agents. Both are useful in

enlargement of the spleen and of the liver. The fevers of *nux vomica* recur, as already said, in the afternoon or evening, but chiefly in the afternoon. The fevers of *arsenicum* are of an irregular character generally, or they occur about or after midnight. In the fevers with predominant chills or shivering, *nux vom.* is useful; in those with predominant heat *arsenicum*. *Nux vomica* is appropriate when there is constipation or a tendency thereto; *arsenicum* when there is diarrhœa. Dropsy is no contra-indication for *nux vom.*; but *arsenicum* is the drug for this condition, whether it exists as anasarca or peritoneal effusion. It is not always, however, that *arsenicum* succeeds in dropsies, and it is then that we pass to the province of *helleborus niger*. Failing with these I think of *digitalis* and *ferrum muriaticum*, both in drop doses of the mother tincture. *Cantharis* has done me excellent service in restoring the renal secretion, when everything else has disappointed me.

Bryonia is generally looked upon as a remedy suited to the acute stage of malarious fevers. But I have found it of remarkable utility in cases of enlarged liver with or without jaundice, and with or without enlarged spleen. The homœopathicity of *bryonia* is all the greater when along with enlargement of the liver there is congestion of the bronchial mucous membrane. *Bryonia* is useful also in the constipation, very often present in these cases, due to deficiency of the hepatic secretion.

Similarly the use of *belladonna* should not be confined to acute cases alone. It is an excellent remedy in the advanced stages with visceral enlargements, especially when the fever is of the double quotidian type. I have found it useful in cases, when along with itching of the nostrils, there is grinding of the teeth during sleep.

In the cases of inveterate drunkards suffering from malarious fevers, and in whom along with enlargement there is cirrhosis of the liver, with jaundice loathing of food, constipation, anasarca and even peritoneal dropsy, I have succeeded in charming away this array of terrible complications with *lachesis*.

Calcareo carbonica is a remedy which has given me good service in cases, especially of children and adolescents, with enlarged liver and spleen, with a tumid abdomen dependent upon implication of the mesenteric glands, with or without anasarca, with or without diarrhœa, but especially with diarrhœa, and with fevers recurring in

the forenoon. Young children, with these complaints and in whom there has been slowness in the development of the teeth, and of the osseous system generally, are often singularly benefited by this drug.

In the above sketch of the fever and its complications I have omitted to mention one most distressing complication, which may be present alone, or in company with other complications. This is neuralgia. I have recently had to treat a case in the person of a medical friend, in whom the neuralgia first showed itself in the brachial plexus and then in the intercostal nerves. For the first manifestation I derived, or rather the patient derived, the most unexpected benefit from *lycopodium* and for the second from *causticum*; and in fact I have seldom failed to relieve such neuralgias with the self-same remedies, other symptoms corresponding. This case is recorded in the *Calcutta Journal of Medicine* for Nov. and Dec. 1873.

Of the use of *pulsatilla* in the chronic cases I need not say much, as it may be used with the indications given above. It is useful in cases with enlarged spleen and liver. I shall only mention that it has been of remarkable benefit in cases where the paroxysm commences with toothache which continues throughout its whole duration. It is useful also in cases of enlarged Pancreas which may be detected by palpation, as well as by the peculiar diarrhoea associated with it.

Sometimes from the very beginning, but chiefly when they become chronic, malarious fevers, in this country in particular, seem to pay particular homage to our satellite, regularly appearing with every new and full moon. In these cases *silicea* is the remedy upon which I have chiefly relied, but I have also used with benefit, *calcareo carb.*, *clematis*, *rhus tox.*, *nux tom.*, *arsenicum*, *causticum*, &c., selecting them according to their indications.

Natrum muriaticum has often cured inveterate intermittents, especially after abuse of Quinine, but it requires to be selected with care. One of its characteristics is inclination to sleep during the chills.

Sulphur is a remedy which we are recommended to use when other remedies do not seem to produce their desired effects. This I look upon as a superstition. Unless we can use *sulphur* according to its own indications, it will be of no earthly use whatever. One of its indications, that we have found to lead to happy results, is heat with partial sweat.

Carbo veg. is an excellent remedy when the malarious cachexia, indicated by anæmia and prostration, is much developed, and when there has been much abuse of quinine and iron in the early treatment of the disease. It is particularly appropriate when there is diarrhœa with flatulent distension of the stomach and of the small intestines, and when the paroxysms of the fever are ushered in by extreme coldness of the feet. *Carbo veg.* is especially suitable after *arsenicum*. When the prostration is very great, an alternation of these remedies is often of greater efficacy than the use of either alone.

Though dysentery is not a frequent complication of malarious fevers when left to themselves, yet we very frequently have to treat cases with this complication as the result of heroic treatment. In such cases my chief reliance is upon *ipêcacuanha* and *nux vom.* In advanced cases when there is sloughing and ulceration of the colon, we have recourse to *arsenicum*, *china*, *silicea*, *colocynthis*, *lachesis*, &c., the indications of which it will be too long here separately to point out. When the dysenteric symptoms are acute, we need not hesitate to use *mercurius corrosivus*. When we have reason to suspect that the dysentery is dependent upon erysipelatous inflammation of the colon, *belladonna* and *rhus tox.* often give excellent results.

For Cancrum oris the best remedy is *arsenicum*. After it, *carbo veg.*, *silicea*, *lachesis*, *aurum met.*, *aurum mur.*, *ferrum mur.* (in massive doses), *carbolic acid* (in dilutions), *china*, *quinine* (in massive doses), *sulphur*, *hepar sulphuris*, have been found useful very nearly in the order in which they are mentioned. The best application is clarified butter, or calendula lotion or cerate. I do not think *carbolic acid* as an external application is of much use. The patients get so much disgusted with the smell that they soon lose all appetite. For the hæmorrhages that from time to time take place, strong lotions of *Arnica* are often useful. Failing with this I use *hamamelis*.

As yet I have said almost nothing about the dose and the dilutions I use. As the question of dilution and dose is still unfortunately one of the unsettled points in our school, it behoves me just to say with what dilutions and doses have I been most successful in these fevers. My highest dilution has never exceeded the 30th decimal, and I have seldom had to descend to lower than the 3rd. In exceptional cases I had to go to the mother tincture as

already pointed out. My medium dilution is the 6th decimal. But I must say that in the case of some drugs, such as *carbo veg.*, *calcareo carb.*, &c., I derive the greatest benefit from the 30th. In the case of adults I use the tincture in quantities not exceeding a drop; in the case of infants and very young children, the globule, seldom more than two or three at a time.

Gentlemen, I have been admonished by our president to be brief, and I must therefore here bring to a close this paper full of short-comings and imperfections as it is. I have not enumerated, as indeed it is scarcely to be expected that I could enumerate, all the remedies that even in my own practice I have found useful in the treatment of these fevers with their formidable sequelæ which have been raging in this country with epidemic virulence for nearly a quarter of a century. In presenting this paper to you my object has been not to write a treatise, but simply to give a brief comparative sketch of my experiences with both those systems of treatment which I have practised in the fevers in question, in order to show the vast difference there is between them in point of resources and power of control over the disease; and if I have shown that the difference is all in favour of homœopathy my object has been gained.

Gentlemen, I have no doubt you must have deemed it rather strange that I should have said nothing regarding *the* drug which gave birth to our system. The fact is, I have reserved my say about it for the last. The position of Peruvian Bark and its alkaloid Quinine in the treatment of malarious fevers is the same as that of Camphor in the treatment of Cholera. If we endeavour to sum up the opinions expressed regarding the one drug and the other, we shall find them about equally divided into affirmation and negation. For instance just as according to some Camphor is the one and sole remedy for cholera in all its stages, so Cinchona is deemed to be the remedy for malarious fevers in all its stages. Again just as according to others Camphor is hardly of any use in any stage of cholera, *arsenic*, *veratrum*, &c., being the true remedies according to indications, so Cinchona is deemed of quite minor importance, the true remedy being found by the totality of symptoms. Between these extreme opinions, there is of course a variety of all shades, and for a beginner it is quite a puzzle to find out the true one. But the true opinion must be found out, the decision must be arrived

at on the subject, or human lives must be sacrificed. The question is not simply of less or more prolonged suffering, but even of life or death. Medical men who have never practised in epidemic stricken localities can form no idea of the gravity of the cases we have to deal with. Some of the cases, as I have said before, resemble cholera in the suddenness of their attacks and in the dreadful collapse they produce sometimes in the pre-febrile and sometimes in the post-febrile stage, and the object of prime importance in these cases is to prevent the accession. I know of no drug which can effect this with so much certainty as peruvian bark, or to speak more properly, its alkaloid quinine. I am aware of the objections which have been urged against its true feбри-genic properties by Langheinz of Darmstadt and others, but whether it can or cannot produce typical intermittents I need not waste time to discuss. There is ample evidence, both allopathic and homœopathic, to show that of all drugs, this is pre-eminently one that can stamp the character of periodicity upon most of our morbid actions, and therefore this drug is *par excellence* an antiperiodic, and it is this invaluable property that is absolutely wanted in the treatment of the very grave cases we have to deal with here, as indeed, I believe, in all malarious-epidemic-stricken localities.

As the result of no less than eight years' hard experience with both the old and the new schools of medicine in the treatment of one of the direst epidemics that could fall to the lot a medical man to deal with, I have found that in the early stages we can seldom dispense with the use of Quinine. My rule is this: When the cases are of the gravest character described above, I at once exhibit the drug irrespectively of the stage of the paroxysm, in large doses during the paroxysm, and in small and repeated doses during the apyrexia. It is by this and this practice alone that we can avert death in the majority of cases. When the cases are of the ordinary character, I commence the treatment with the remedies described before, with which we undoubtedly succeed in managing the paroxysm infinitely better than our brethren of the old school. But if, in spite of this, attack follows attack enfeebling the patient, then I use Quinine as an antiperiodic, and I combine with it the tincture and the decoction of

the crude bark, that is, the alcoholic and the aqueous extracts, to concentrate as much as possible all the virtues of the drug. The result generally is, either the total disappearance of the fever at once, or the gradual diminution of the severity of the attacks till they cease to appear. But as I have said this disappearance is seldom permanent. The fever returns after some time, with the same, or new symptoms. Quinine again may be used with success, but with each attack after its exhibition, its utility diminishes, till finally it ceases to be a remedy, and its blind, persistent use is sure to result, as it does result, in mischief. And now is the time for the full development of the efficacy of the remedies mentioned in the preceding sketch, which seem to act better after the system has been saturated with, or rather acted upon by, Quinine. The fact is, practitioners flushed with their unexpected success in chronic cases with infinitesimals alone, and absolutely without Quinine were deluded into the belief that they could dispense with Quinine altogether, at least, with its massive doses, but when the hour of *their* trial came, when people began to confide them with cases from the beginning, they began to be disappointed, though unfortunately they could not see their mistake. In spite of greater diligence in the search after the appropriate remedy, in spite of renewed endeavours to hunt after symptoms of the patient and symptoms in the *Materia Medica*, the true remedy seemed always to elude the search and mock the struggle, till the cases are made over to the allopaths who with a few doses of Quinine effect the cure. Oh! the cure is for the time being, it is said with the strained triumph of a discomfited man. However for the time being, the cure might have been, it was a cure, and that was a great thing for the patient.

Gentlemen, I verily tell you that it is bark and its alkaloid which have kept up the vitality of the Old School, and it is our disloyalty to them which has stood seriously in the way of the progress of our own School, and which not unfrequently brings unmerited ridicule and abuse upon our doctrines. In rigidly adhering to the minutiae of our system, I am afraid, a large number of our brethren have become too exclusive and intolerant. But in our anxiety to be homœopaths we must not forget to be physicians, in our zeal to worship Hahnemann we must not cease to worship Truth wherever found.

NOTABILIA.

HOMŒOPATHY AND ALLOPATHY.

The *Echo* of the 16th ult. in a leading article entitled *Summer and Medicine*, noticed the Address of Dr. Dudgeon, delivered at the opening of the recent Congress. In this article the only merit ascribed to homœopathy is the negative one of being "less severe on the sick" than the allopathy of former days; and it is concluded that the best that can be said of the homœopathic doctor is that he "smooths the way to the restoration of health." In short that any positive advantage in the form of curing disease, can be obtained by a homœopathically prescribed drug, our contemporary seems to more than doubt.

In the same paper of the 20th, an anonymous correspondent, who appears to have thought that the editor had missed the chief point of the Address he commented upon, shows that the rapid but unacknowledged adoption by allopaths of homœopathically acting drugs, is evidence, so far as it goes, that such remedies do exercise "a restraining influence upon disease."

He then proceeds to state that "what homœopathic practitioners complain of, and what Dr. Dudgeon has made so clear in his address, is the gross injustice with which they are treated by those who do not scruple to adopt their mode of selecting remedies. It is admitted that it is perfectly correct for a physician to practise homœopathically, provided he will at the same time deny that he does so, and assert that homœopathy is false, and its practitioners either knaves or fools. It is also a fact that the medical journals, with scarcely an exception, will readily insert any erroneous or false statement respecting homœopathy or its practitioners, but will never admit of any reply to either. Further, no medical publisher dares to publish any work written on homœopathy, or one practically illustrating it; to do so would probably cost him the loss of his connection among medical men. And yet again, no medical journal will insert the advertisement of such a work, or of any book whatever, if published by a house known to issue the works of homœopathic practitioners, whether they treat of homœopathy or any subject totally unconnected therewith. Out of the four medical journals published in London, I believe that there is one exception to this rule."

HOMŒOPATHY IN AUSTRALIA.

We learn from a paper known as the *Hill End and Tambaroora Times*, that at a meeting of the committee of the Hill End Hospital, it was determined, subject to the sanction of the Colonial Secretary, to set apart a ward in the Hospital for the homœopathic treatment of such persons as might prefer homœopathy. Dr. Fawcett, of Hill End, is to have the charge of this

ward; and at the meeting Dr. O'Connell, the surgeon to the Hospital, stated that he had no objection whatever to certain patients, if they desired it, being treated by Dr. Fawcett. He believed that Dr. F. would not clash with him, as he was convinced that gentleman's good sense would prevent him interfering where he knew it was undesirable. We commend the example of this Colonial Surgeon to his brethren at home. Were it followed here we are tolerably sure that the time would soon arrive when "old and new physic will be united in the common cause of true medical progress."

NEUMANN ON CUTANEOUS ERUPTIONS FOLLOWING THE USE OF BROMIDE OF POTASSIUM.

Neumann (in a paper read before the k.k. Gesellschaft der Aerzte of Vienna, February, 1873) describes two cases of cutaneous eruption following the internal use of bromide of potassium. A child, a year and a half old, had been taking a grain of the salt morning and evening for convulsions, and the dose was gradual, raised from one to five grains twice a day. When seen it had suffered four weeks from an eruption of suppurating sebaceous tumours, of various sizes, on the forehead, cheeks, and limbs. Two (on the face and leg) were as large as half crowns. There were no comedones, and the age of the patient alone [beside the distribution of the affection] put the question of acne aside; while the author regards the fact of suppuration having occurred in almost all the tumours as negating the diagnosis of molluscum sebaceum [*M. contagiosum* of English authors]. The appearance of fresh nodules only ceased when the administration of the drug was stopped.

The second case was that of a man, aged forty-two, who during twelve months had taken from fifteen to thirty grains of bromide of potassium every day for headache. After about nine months furunculoid swellings appeared on the forehead, the neck, and the parts of the face which were covered with hair. (There is no further evidence given of the etiology of the eruption.)—*Medical Record*.

OBITUARY.

GEORGE N. EPPS, M.D., M.R.C.S., ENG.

DEATH has again deprived us of one whose name has long been associated with the rise and progress of homœopathy in this country.

Dr. GEORGE NAPOLEON EPPS was a brother of the well-known Dr. John Epps, who passed away a few years ago. Dr Epps died at his residence in Devonshire-street, Portland Place, on the 28th of May, in the 59th year of his age, from the effects of Bright's disease, after an illness of three months.

In early life he was engaged in assisting his brother, Dr. John

Epps, in the preparation of his lectures on *Materia Medica* at the Charlotte Street School of Medicine. His medical education he received at University College, and in 1845 was admitted a member of the Royal College of Surgeons. In 1856 he graduated in medicine at the University of Erlangen. Shortly after receiving his diploma he was appointed surgeon to the Homœopathic Hospital instituted by the late Mr. Leaf in Hanover Square, to which the late Dr. Curie was attached as physician. In 1847 he was appointed surgeon to Harrison's Spinal Institution, then in the New Road, but since removed to Maida Vale, Edgeware Road.

In 1849 he embodied the experience he had gained at this hospital in an illustrated work, entitled, *Spinal Curvature: its Theory and Cure*. He was likewise the author of works on *The Treatment of Accidents* (1852), *On Club Foot* (1859), *On Cholera*, &c. He was also the inventor of an "Extender for the reduction of dislocations, more especially adapted for those of the Hip Joint," an account of which is given in the *Lancet* for 1845.

Dr. Epps practised homœopathically from his first entrance into the profession, and for thirty years has been a consistent and faithful adherent of the therapeutic principles first enunciated by Hahnemann. His son, Dr. Washington Epps, is one of the medical officers of the London Homœopathic Hospital.

ROBERT CAMERON, M.D.

WE regret to announce the sudden death, on June 2nd, of our colleague, Dr. CAMERON, of Huddersfield.

Dr. Cameron was the son of a Scotch gentleman, and in early life resided in the neighbourhood of Aberdeen, where he received a thoroughly liberal education.

He graduated in medicine at the University of Glasgow in 1838, and for some time thereafter officiated as physician-accoucheur to the Glasgow Maternity Hospital. He then settled in Huddersfield, and has since resided and practised there with much success. Shortly after he went to Huddersfield homœopathy was brought under his notice by, we believe, the late Dr. Ramsbotham, who at one time had an extensive practice in that town.

Dr. Cameron was not only well-informed on subjects of professional interest, but was a gentleman of extensive literary acquirements and ability. He was unusually familiar with general literature, both ancient and modern, and possessed great power as a writer. Of a retiring and somewhat eccentric disposition, it was but rarely that he could be induced to bring his talents into public action; and as a result he has been but little known beyond the limits of the town he lived in. Some five-and-twenty-years ago controversy anent homœopathy waxed hot

in Huddersfield, and many a well and powerfully-written letter thereon appeared in the local press at that time. In the preparation of these, we believe, that he had a large share.

Dr. Cameron was never married. At the time of his death he was fifty-nine years of age.

DR. AEGIDI.

WE learn, from the *Internationale Homöopathische Presse*, that this venerable physician died recently, at Freiswelder, in the 79th year of his age. Dr. AEGIDI was one of Hahnemann's earliest disciples. He was at one time physician to the Princess Frederick of Prussia, and practised chiefly in Berlin and Königsberg. He was highly esteemed by his professional brethren and a large circle of patients.

WILLIAM LEAF, ESQ.

THIS eminent London merchant and well-known philanthropist died on the 4th ult. at his residence, Streatham Hill, in the 85th year of his age. We believe that there is no one unconnected with the profession of medicine to whom homœopathy is more indebted for the firm root it took in this country forty years ago than to Mr. Leaf. A patient and intimate friend of Hahnemann, Mr. Leaf spared neither influence, money, or time in his endeavours to secure the practice of homœopathy in England. We purpose in our next number furnishing our readers with as full a record of the efforts he made in this direction, as the resources at our disposal will enable us to do.

W. C. LORD, ESQ.

WE regret to announce the death of this excellent veterinary surgeon, which took place on the 26th June. We intend in our next number to give some account of his useful and successful career.

CORRESPONDENCE.

THE BRITISH HOMŒOPATHIC PHARMACOPŒIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I am glad that Messrs. Thompson and Capper have taken up the question of the nomenclature of our attenuations. I was afraid, from Dr. Drury's silence after my second letter, that the subject was to be let drop.

Messrs. Thompson and Capper are mistaken in supposing that I was "under the impression that the process I advocate, viz., taking the crude substance as zero in making the attenuations, is identical with that advocated by Hahnemann." I have expressly said (at the end of my second letter): "We have a better zero, indeed; but let us keep to it as consistently as Hahnemann did in naming our attenuations."

But I am indebted to them for pointing out that the result of the bettering of our zero would be that attenuations prepared as I have advocated would be about five times the strength of Hahnemann's. They also tell us that for the last twenty years the "use" in England, Germany, and America had been that of Jahr and Grüner's Pharmacopœia, which makes the mother-tincture the unit for dilution, and not (as with Hahnemann) the juice or its equivalent. If so, my scheme would make the attenuation ten times the strength of those in use since 1850, as five times that of those made under Hahnemann's directions previously. It may be fairly argued that the present plan, which is about identical with that of Jahr and Grüner, and whose potencies are but half the strength of Hahnemann's, is less revolutionary than any other that could be devised.

I suppose, therefore, that I must withdraw my proposition, reasonable as it is in itself. But I confess I am not content to abide by Jahr and Grüner's innovation upon Hahnemann, and to let our attenuations equal theirs while they fall short by one-half of his. Why should not our 1st dec. dil. be prepared with 2 drops of mother-tincture to 8 of spirit? Then it would contain gr. $\frac{1}{5}$ of crude substance = one drop of expressed juice in ten drops of tincture; and the 1st centesimal prepared from it would be, as with Hahnemann, one part of the juice in a hundred.

I have shown, in my second letter, the care which Hahnemann took that this should be so. Besides the instances I have cited, I may mention that of *spongia*, where the mother-tincture is prepared in the proportion of one to twenty. The 1st centesimal is here to be made with twenty drops to eighty of spirit. *Pace*, Messrs. Thompson and Capper—that the 1st centesimal should "bear no definite relative strength to the mother tincture," is not "opposed to the teachings of Hahnemann," but is his uniform practice. I still advocate that it should be our own.

I am, Gentlemen, yours very faithfully,
RICHARD HUGHES.

LUMBRICUS.

To the Editors of the Monthly Homœopathic Review.

Dear Sirs,—Have any of your readers come across a case of jaundice from occlusion of the *ductus communis choledochus*, by means of a lumbricus? I have just met with such an one; at least I believe it to have been so caused.

Mr. L—— has been under my care for the past ten days for jaundice. Although he has not been confined to the house, he has felt poorly, and still is nearly as yellow as a "guinea." The attack was preceded by a slight one of urticaria. He complained of "nausea, anorexia, considerable pain in right hypochondrium and epigastrium, and stated also that the fæces were

very pale. I diagnosed, and wrongly, the stoppage of the common bile duct by a gall stone. R, Merc. 3x gr. iij and Bry. 1x every alternate three hours. I advised hot hip baths (100 F.), also to search the *commode* regularly for gall stones. This treatment was continued for six days. The only effect was to slightly purge the patient. The *feces* kept, however, far too pale. R Cinch. sulph. ϕ gtt. iij every four hours.

This morning (May 27th) he came to me, saying he felt quite well; pain, nausea, anorexia, &c., have all disappeared. It appears that yesterday he had a very bilious evacuation, and passed, not a gall stone, but a dead lumbricus; which he brought to me.

Thinking the case an interesting one, I have taken the liberty of bringing it to your reader's notice.

Believe me to be, yours sincerely,

89 Great Russell Street,
May 27.

RICHARD EPPS.

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. DUDGEON, Mr. TRUEMAN (London); Dr. SHARP (Rugby); Dr. W. B. A. SCOTT (Tunbridge Wells); Dr. D. D. BROWN (Aberdeen); Dr. C. DUNHAM (New York), &c.

BOOKS AND PERIODICALS RECEIVED.

The Influence of Homœopathy on General Medicine since the Death of Hahnemann. By R. E. DUDGEON, M.D. Edin. London: Turner & Co.

Annual Report of the Yorkshire Philosophical Society, 1873.

Über die Incompetenz der Beweise für und wider die Homöopathie Gegenüber der conditio sine qua non um die Ganze Homöopathische Streitfragen zu Lösen von VESPASIAN V. GRUZEWSKI. Riga, 1874.

British Journal of Homœopathy, July. London: Turner & Co.

The Homœopathic World, July. London: Jarrold & Son.

Present Aspect of the Crusade against the State Regulation of Vices. By JOSEPHINE E. BUTLER. Liverpool; Brakall.

Calcutta Journal of Medicine, March. Calcutta.

The Medical Investigator, May and June. Chicago.

Bulletin de la Soc. Méd. Hom. de France, June. Paris.

Bibliothèque Homœopathique, June. Paris.

Revue Homœopathique Belge, June. Brussels.

Allgemeine Hom. Zeitung, July. Leipsic.

La Reforma Médica, June. Madrid.

El Criterio Médico, June. Madrid.

Rivista Omiopatica, May. Roma.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E., or to Dr. H. NANKIVELL, Penmellyn, Bournemouth. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

LECTURES ON MATERIA MEDICA.

IN the course of the very able Address delivered at the opening of the British Homœopathic Congress this year, Dr. Dudgeon showed how much less enthusiastic we in England appear to be in working out the development and improvement of our special branch of therapeutics than are our American colleagues. We have had a hard fight during many years to maintain an existence—we have been almost exclusively occupied with contending first with one foe and then with another, and in asserting our rights as members of the profession to which we have been admitted. To a very considerable extent we have so far succeeded; and it would seem that we were, on the strength of this success, liable just now to subside “into the dulness of indifference and content.” It may be said, and with perfect truth, that, to successes of a professional character, we have added the still more important achievement of securing the practical acknowledgment of the truth of no small portion of our therapeutic teaching by many who affect to look down upon us with contempt. The leaven of homœopathy has entered into the general practice of medicine, and is working slowly but surely. This is an eminently satisfactory result of the exertions of individual practitioners, and a gratifying tribute to the

truths to which we have, with but a comparatively slight organisation, borne witness.

But surely we have not yet earned the right to "rest and be thankful," still less are we justified in subsiding into the "dulness of indifference and content." On the contrary, finding, as we do, that so many in the profession are ready to appropriate, in a silent and stealthy way, our therapeutic facts, now is the time when an energetic effort should be made to press home the advantages we have gained, and to make more generally and more systematically known the principles we profess, and the practice which results from them.

The public teaching of homœopathy has become alike a necessity and a duty. Unless we are willing to see others enter into the fruits of our labours, our persecutions, and the obloquy to which we have submitted, we must at once come forward and endeavour, by some more direct means than any hitherto adopted, to make homœopathy better understood and more generally known to our professional brethren. We are bound in honour to do so. Homœopathy is no secret—we have no desire to retain the knowledge of its power within a small and but slowly increasing circle of medical men. We are, or at any rate ought to be, anxious to make it known to all. We have no right to rest satisfied until every member of the profession is prepared to admit that the principle of similars is the best guide hitherto put forth for the selection of drug remedies in disease; that the proving of medicines on healthy human beings is the best mode of ascertaining the properties of drugs so far proposed; that medicines can be satisfactorily prescribed only when given alone, and uncombined; and that the best dose of a medicine, given in harmony with the homœopathic principle, is the smallest that has been found to be effectual. This is the work we have for years attempted to perform by various agencies, and an amount of success has been obtained amply sufficient to warrant the belief that, by some still more direct

measures, we should be able to discharge the paramount obligation imposed upon us of making homœopathy far more widely known and generally practised than it is at the present moment.

Books, Essays, Journals, Societies, Hospitals, Dispensaries, and individual efforts have all done good service in our cause, but much yet remains for them to accomplish. Especially is this the case with Hospitals. A Hospital may, and doubtless does do good, as Dr. Yeldham has frequently urged, by its mere existence. It is proof positive that homœopathy is not dying; it shows that homœopathy has many supporters among the charitably disposed; and it is evidence that a certain proportion of the sick poor prefer homœopathic treatment. But a Hospital, or at any rate a Metropolitan Hospital, established especially for the exemplification of a particular mode of treating disease, cannot long maintain a reputation of great value by its merely receiving patients and curing their disorders. Those who have the management of it must not only practise, but must teach the principles it has been established to promulgate. It must be a source of illustration of the real value of those principles. A Hospital such as the London Homœopathic Hospital, which does not afford regular opportunities for indoctrinating the profession with homœopathy, is leaving unfulfilled a large portion of the work it was established to accomplish.

For many years past we have, in this *Review*, urged upon those who are responsible for the completeness with which our Hospital performs its mission, the duty of instituting courses of lectures on MATERIA MEDICA and CLINICAL MEDICINE. Hitherto our appeals have been in vain. We have been told that lectures on clinical medicine have been delivered at the Hospital, but that no one came to listen to them; and as these futile efforts occurred so recently as fifteen or sixteen years ago, every one must be convinced that similar efforts would fail now! On such an hypothesis as this, one might imagine that no

progress whatever had been made in raising homœopathy in professional estimation, or indeed that the idea that the world, and especially the world of medicine, moved at all was all a mistake. We, however, believe that the world does move, that much has been done during the last fifteen or sixteen years towards rendering homœopathy more generally appreciated by the medical profession, and consequently we are by no means disposed to concur in the notion, that a failure to secure a medical audience at lectures delivered fifteen or sixteen years ago is any evidence at all that a similar result would occur were lectures to be delivered at the Hospital during the ensuing session. But notwithstanding the full conviction that a course of lectures at the Hospital would meet with no support, the members of the medical staff have repeatedly declared their "willingness" to lecture. We are not aware, however, that any approach to an attempt has been made to carry this willingness to lecture into action. Dr. Yeldham, in a letter published in this *Review* in August, 1869—just five years ago—makes the following remark on the proposal for clinical lectures: "On this point no difference of opinion can exist; and it is to this [*i.e.*, to the delivery of clinical lectures] that the attention of the medical staff has been repeatedly directed. Last year it was anxiously canvassed, and only deferred under the weight of the discouraging facts already stated. The subject will not be lost sight of; and in deference to public opinion, if for no other reason, it will doubtless in due time be revived." In the paragraph which follows this very promising sentence, "the idea of establishing a school of homœopathy," is stated to be, "at the present time at least, impracticable!" We have not the least doubt but that our excellent friend, Dr. Yeldham, considers any such scheme to be just as "impracticable" to-day! What the circumstances are which render it "impracticable" we do not understand. The assumption that it is an impracticable scheme is, however, well calcu-

lated to prevent its being attempted ; and if such an effort were made by those who regarded it in this light, it would in all probability turn out a failure. Nothing is so certain to promote success in any undertaking as a full consciousness that success will follow a well-devised and determined effort to obtain it ; while, on the other hand, an overpowering feeling that a given enterprise will fail, has so paralysing an influence upon those engaged in it, that success is all but impossible. The work is done perfunctorily, without any heart, without any hope, and it falls dead in consequence. While, then, the medical officers of the Hospital are ever ready to express their willingness to deliver lectures at the Institution, they do so coupled with the announcement that they will certainly not succeed in obtaining an audience.

It would appear, therefore, that the medical officers are afraid to lecture. They feel assured that, if they attempted to do so, they would fail.

If we cannot have clinical lectures at the Hospital without the co-operation of its medical staff—and we at once admit that we cannot—is it impossible to secure a course of lectures on *Materia Medica* without putting them to the inconvenience of lecturing ? Certainly it is not. It has been lately asserted, that if lectures on *Materia Medica* are to be given, that duty devolves upon the regularly-appointed medical officers of the Hospital. We do not see that the medical officers are under any obligation whatever to deliver lectures on *Materia Medica*. Their business is in the wards, and it is in them that they should teach practical homœopathy. On the other hand, we do think, and that very decidedly, that it is the duty of the Board of Management and of the Medical Council to arrange for the delivery of a course of lectures on this very important branch of medical education by some competent person, but whether that person is connected with the Hospital staff or not, is a matter of no moment whatever.

We know full well that the restriction of lecturers, in the various departments of medicine and surgery, to the members of the staff of a hospital, has been found very detrimental to medical education in London and at the provincial schools. By this traditional method of selection, the best lecturers have often been unheard, and the places they should have occupied have been filled by men who were wanting either in the physical qualifications of a lecturer, or in that deep interest in their subject which is essential to success in teaching it. Physiology, pathology, materia medica, and medical jurisprudence have repeatedly been inefficiently taught in our hospital-medical schools from this very cause.

There is therefore no *à priori* reason why lectures on Materia Medica—or indeed on any subject which does not require clinical illustration—should be imposed upon the medical staff of our hospital. And on the other hand, if these gentlemen are as convinced as they appear to be, that any lecturing at all will eventuate in failure, they had far better refrain from attempting anything of the kind.

It may be asked, if the medical officers are not to be called upon to lecture on Materia Medica, who is to do the work? We reply, that the Medical Council of the Hospital should be requested by the Board of Management to recommend to them a suitable person for filling such a position. Such would be the correct course to pursue in ordinary circumstances. But it happens that a proceeding of this kind is at present unnecessary. A gentleman eminently qualified for undertaking the duties of such a lectureship has already offered his services—has indeed proposed, with the sanction of the Board, to deliver a course of twenty-five or thirty lectures during next session at the Hospital. When we state that this gentleman is Dr. RICHARD HUGHES, we feel sure that every one who is familiar with his published works and has listened to his public addresses, will at once agree with us that he

would, in filling the post of lecturer on *Materia Medica* at the Hospital, be emphatically the right man in the right place.

Yes, such an offer has been made to the Board of Management. The Board very properly referred it for consideration to the Medical Council, and the Medical Council—consisting, at the meeting at which it was brought forward, almost exclusively of members of the internal medical staff—advised the Board not to accept Dr. Hughes' offer!

They did so on the ground that, "if lectures are to be given, that duty devolves upon the regularly-appointed medical officers of the hospital; and as the medical staff are quite willing to undertake the duty, there is no necessity for the course now proposed."

We think that we have already sufficiently replied to the objections contained in this resolution, and have shown that the duty of delivering such a course of lectures as that proposed by Dr. Hughes does not necessarily devolve upon the medical staff; while we have further seen that these gentlemen have been quite willing to perform this duty for five or six years, but that their willingness has hitherto presented no practical manifestation: whether any effort to give to it such a manifestation has been made since the date of the Medical Council's meeting we have not heard.

To undertake such a task as Dr. Hughes has volunteered for is no light matter. It involves a large amount of hard study-work, so large as to render its performance impracticable for a physician in extensive practice, who had not the materials ready to his hand. Dr. Hughes, however, has made this branch of medical study one of special research for many years, and is consequently in a position to prepare a course of lectures with infinitely less trouble than any one who has not already devoted the time to this subject that circumstances have obliged him to do.

We cannot believe that such a proposal as that sub-

mitted to the Council by Dr. Hughes, and supported by Dr. Bayes, can be allowed to remain unaccepted. The necessity for the public teaching of *Materia Medica* has been urged from too many quarters for too long a time to admit of the present opportunity of supplying it being passed over. Dr. Bayes, in his address before the British Homœopathic Society at the close of last session, suggested the appointment by the Society not only of teachers of homœopathy, but also of examiners. For our part, we shall be perfectly satisfied with having one lecturer on *Materia Medica*. We have no doubt at all but that clinical teaching will speedily follow the establishment of such a course, and that the medical staff will then show that they are not only willing, but ready, to lecture on clinical medicine.

We heartily agree with Dr. Bayes when he says: "Timid counsels and a severe reticence are not becoming to the promoters and movers in a great reformation."

We have of late years had far too much of both. We sadly require a little more courage, more energy, more enthusiasm, and more determination to succeed in pressing a knowledge of homœopathy upon our medical brethren.

Feeling, then, the importance of lectures upon our *Materia Medica* being delivered in London—lectures to which every member of the profession in the metropolis shall receive an invitation, we earnestly hope that the decision of a small meeting of the Medical Council may not be regarded as final. To prevent this, some action must be taken by those who are in earnest in promoting the development of homœopathy. We hope that the Council may be induced to rescind their resolution, and to accept the generous offer that has, with so much self-denying zeal, been made to them. But whether they take this desirable course or not, we trust that an opportunity will be provided for the delivery by Dr. Hughes of the lectures he is prepared to give.

OUTLINES OF THE HISTORY OF MEDICINE.

By W. B. A. SCOTT, M.D.

(Continued from page 367.)

Influence of the Introduction of Christianity upon the Study of Medicine.—Celsus.—Thessalus.—Soranus.—Cælius. — Aurelianus. — Dioscorides. — Andromachus and the Archiaters.—Galen; his doctrines.

We have now about reached the era of that Great Event which is usually held to be the point of division between ancient and modern history; and to which, at the end of more than 18 centuries, all Christendom now looks back with pious and grateful veneration. This is not the place in which to dilate upon the countless temporal no less than spiritual blessings which we owe to the gradual diffusion of Christianity, notwithstanding the very corrupt and imperfect form in which its doctrines have been expounded by the uninspired successors of the Apostles, and the very qualified obedience which its laws have received even at the hands of those who profess themselves its votaries. Still, it must be acknowledged that the centuries immediately succeeding the Introduction of Christianity, and the early followers of that religion, were not characterised by any great measure of progress in art, science, poetry or philosophy. The art and literature of the Greeks had long since expired with Grecian liberty and independence; and their earliest and best Roman imitators had passed away with Terence, Lucretius, Cicero, Virgil and Horace. Even their most brilliant successors of the Augustan and post-Augustan periods numbered no Christians in their ranks; and it will be remembered that Gibbon, in his usual sneering spirit, expresses an ironical surprise and concern to find neither Juvenal, Persius, Seneca, Pliny, nor Marcus Antoninus among the disciples of the faith which was destined one day to establish its dominion over a far wider territory than that of the Roman Empire. In this respect medicine offers no exception to the other arts and sciences: I am not acquainted with any distinguished Christian physician before Ætius, who probably lived at the close of the 5th and beginning of the 6th centuries A. D., and was most likely a Christian since he refers to St. Cyril of Alexandria.

Dr. Rutherford Russell thus expresses himself upon this subject (*Hist. and Heroes of Medicine*, pp. 71—73):—
 “Christianity must at first have acted injuriously on medicine. Let us consider how the gift of healing must have worked upon medicine as a human art and science. Take, for example, one of the greatest of the early converts, the evangelist Luke. He, according to universal tradition,* was a physician. If, after his conversion, he continued to exercise his calling for his support, he must have been placed in a very embarrassing dilemma. Supposing him to be sent for by some great man, such as King Abgarus, who, being ill, called him in to cure him, how was he to act? If as one possessing the gift of direct healing, would he be justified in accepting a fee? If, on the other hand, he prescribed, as Hippocrates would have done, was he not therein doing despite to the miraculous endowment? In short, medicine, as an art based upon the natural and ordinary course of events, was superseded for a time by the extraordinary and præternatural power of certain men. Had this power continued in the Church, then the medical profession must have entirely disappeared; for *who would have gone through the painful, expensive, and uncertain methods of treatment then and since in vogue, if all that was required to be done was to send for a holy man to pronounce certain words, and so end the distress?*”

Who indeed? But who ever asserted that the miraculous gift of healing could be thus indiscriminately exercised, even by those who were endowed with it in the highest degree? Who ever ascribed such a power to Gregory Thaumaturgus, or even to St. Paul? Are we not expressly told that the disciples failed to heal the demoniac at the foot of the Mount of Transfiguration; and if the great Apostle of the Gentiles had been on all occasions able to exercise his miraculous gift at will, and had also felt himself justified in so doing, can we possibly suppose that he would have left his fellow-labourer Trophimus behind him “at Miletum, sick?” (2 Tim. iv. 20.) And

* Not quite *universal* tradition. In a Commentary upon thirteen of St. Paul's epistles, usually joined with St. Ambrose's works, and of late ascribed to Hilary, deacon of Rome (about A.D. 380), some degree of doubt is hinted as to whether “Luke the beloved physician” is identical with Luke the evangelist. The same doubt was afterwards expressed by Calvin, Basnage, and Heumann. (Lardner, Vol. IV., Cap. 109, and v. 8.)

does not his exhortation to Timothy, to drink wine instead of water for the future, savour very much of the nature of an ordinary prescription, or at least of one of those "neighbour's prescriptions" which pass current among friends at the present day?

I confess I differ entirely from the opinions which Dr. Russell expresses upon this subject, however unwilling I naturally must be to dissent from so learned and acute a writer. The neglect with which most of the arts and sciences, and medicine in particular, were treated by the early Christians may, with much more probability, be attributed to their persecuted condition, which led them to fix their thoughts and affections rather upon the consolations of the world beyond the grave, than on the interests or transactions of the period of their troublous earthly sojourn. An actual antipathy to secular pursuits and habits of all kinds was even inculcated by some of the most learned Christian fathers; and it was not strange that those who had been taught by the savage Tertullian to cast away their head dresses with horror if made of the hair of heathens,* should have come to consider pagan science to be no less unbecoming as an adornment of the Christian mind than pagan plaits and chignons were unsuitable as ornaments of the Christian toupée. Even such as, like the learned Origen or Jerome, devoted themselves to the diligent study of other books besides those of Scripture, were chiefly engaged with philosophy or languages—with the former as a means of enabling them the better to illustrate and develope the doctrines of Christianity, and with the latter in order to read the sacred writings in the original tongues. And when the "fatal gift of Constantine" had once conferred on the Christians the coveted privilege of inflicting upon one another the persecutions they had lately suffered at the hands of the heathen, the composition of ferocious polemical diatribes

* I heartily wish that English young ladies, who so studiously copy the Parisian demi-monde in disfiguring their heads with chignons and the like hideous and vulgar abominations, would bear in mind the words of Tertullian on this subject: "*Praeterea, nescio quas enormitates subtilium utque textilium capillamentorum, nunc in galeri modum quasi vaginam capitis et operculum verticis, nunc in cervicem retro suggestum Si non pudet enormitatis, pudeat iniquamenti, ne exuvias alieni capitis forsitan immundi, forsitan nocentis et gehennae destinati, sancto et Christiano capiti suppires.*" (*De Cultu Femenarum*, § 7.

in which Catholics and Arians were alternately consigned to eternal perdition, according as the reigning Emperor happened to be a follower of Arius or of Athanasius, was found to open a much more rapid and easy path to preferment than the patient and careful study of any science tending to advance material human interests. All these circumstances seem to me amply to account for the neglect of medicine on the part of the early Christians, without our being obliged to extend the range of miraculous intervention beyond the limits warranted by Scripture and authentic ecclesiastical history.

The trite adage that the world knows nothing of its greatest men is well exemplified in the case of Celsus, as his name, date, country, and profession are alike uncertain. In the older editions of his works he is called Aurelius Cornelius Celsus, but later editions have with greater probability changed the prænomen to Aulus. From some passages in his own writings and those of Columella it seems probable that he flourished during the reign of Tiberius, A.D 15—37; his birthplace was most likely either Rome or Verona. From his having written on belles lettres, military tactics, and agriculture, as well as medicine, some have supposed that he was not a physician by profession, but merely studied medicine as part of philosophy, just as Plato and others had done before him; and have maintained that the *De Re Medica* is merely a translation from earlier Greek writers. Salmasius speaks slightly of his abilities as a translator; and that sour and pedantic grammarian is so incensed with his linguistic inaccuracies as to bestow on Celsus a *soubriquet* signifying “one wholly ignorant of medicine.” However, the sneer of the learned but non-medical Frenchman can weigh little against the flattering testimony of Fabricius ab Aquapendente, who directed the votaries of medicine to treat the books of Celsus in the same way as Dr. Johnson afterwards advised the aspirants to elegance of style to use the writings of Addison. Celsus was referred to in the highest terms by Columella and Pliny, and though styled by Quintillian “mediocris vir ingenii,” this is only when compared with such master-spirits as Homer, Plato and Aristotle.

The medical writings of Celsus which have come down to us are contained in eight books, of which the first four deal with internal diseases, or those chiefly treated by means of diet, the 5th and 6th with pharmacy, chiefly in

connection with external morbid conditions, as ulcers, wounds, and so forth, and the 7th and 8th of surgery—a term which Celsus restricts to those cases in which a lesion is produced by the surgeon himself, as amputations, excisions, &c. In some respects following Asclepiades rather than Hippocrates, Celsus was a determined blood-letter, and in fact seems almost to have equalled the sanguinary measures in vogue among the modern allopaths until Hahnemann taught them better, since he shed man's blood in cases of pneumonia, apoplexy,* paralysis, pleurisy, fevers, loss of voice, convulsions, asthma, hæmoptysis and cachexia. He may be said to have spared neither sex nor age, as infancy, old age, and pregnancy were held no exemption from his lancet. On the other hand he justly remarked that Hippocrates and the ancients in general were far too fond of giving purgatives, which he prohibits in fevers. In fact his treatment of febrile cases was in a great measure expectant, as he chiefly relied upon abstinence from food and even from drink at the outset, remarking that the *materies morbi* of fevers will disappear of its own accord unless renewed from without. He thought it of great importance that the right moment should be selected for the first administration of food (*optimum medicamentum est opportune cibus datus*), respecting which he justly remarks that no particular time can be fixed as a universal rule, but that the indication must be derived in each particular case from the patient's condition. He speaks slightly of the critical days, *dies pares et impares*, &c., of former physicians, and has some very just remarks upon the equivocal nature of the indications afforded by the pulse and the temperature. As regards the former, he shows how its rapidity and force are often affected by mere temporary conditions, as mental emotions or exercise, and that its *inequality* is a much more valuable pathognomonic sign; while, as to the latter, he specially dwells on *local* flushes of heat, *local* perspirations, and heated breath. He classifies fevers as quotidian, tertian, quartan, bitertian, continued, wandering, pestilential, high, and slow; but here, as elsewhere, following Asclepiades, the fundamental classification is based upon the supposed relaxed or constricted state of the pores.

In his books on surgery Celsus gives directions for the

* With regard to *apoplexy* Celsus had the acuteness to remark that *here* bleeding sometimes kills the patient; also he says, *generally*, that persons who are not robust ought not to be bled.

performance of plastic operations on the nose, ears, and lips; operations for the cure of symblepharon and entropium; lithotomy (apparently bi-lateral), depression of the lens for cataract, trepanning, and various others. He is the first to mention the ligature* as a means of arresting hæmorrhage, and also to suggest the formation of a flap in some amputations.

Celsus has been generally called a "Methodist," and it is certain that, like Themisom, the founder of that sect, he had a great admiration for Asclepiades. In his celebrated *resumé* of the arguments of the Dogmatists and Empirics, he manifestly inclines to the latter, justly censuring the cruel vivisections of the former, and remarking that, however useful their *à priori* reasonings might be as a kind of mental gymnastics, they were of small *special* practical benefit. At the same time he seems to admit that "method" of some sort was too much wanting in the practice of the Empirics, and that the plan of learning from experiment alone was too tedious, while he considered the dichotomous "method" of the "Methodists" much too compendious. If not professedly a member of the "Eclectic" school, he may perhaps be best described as an "Eclectic" in the literal sense of the word.

Nearly contemporary with Celsus, or a few years later, was Thessalus, of Tralles in Lydia, a man of the lowest birth and education, who succeeded in gaining fame and fortune by means of obsequiousness to his patients, insolence to his professional brethren, profuse and extravagant display in dress and retinue, and an amount of arrogance which led him to style himself "Conqueror among physicians," and insist on this title being engraved on his tombstone. He professed to teach the whole medical art in six months; and as he avowedly rejected alike the lengthy reasonings of the Dogmatists and the careful experiments and observations of the Empirics (confining himself solely to the question of the "constriction" and "relaxation" of the pores, and the remedies supposed to be appropriate to these two conditions), it is not unlikely that he may have really performed what he

* See note to Lister's paper on Amputation. Holmes' *System of Surgery*, vol. III., pp. 52—53. Celsus also recommends the removal of protruding ends of bones in compound dislocations. Hippocrates had previously taught that "complete resections of bones in the neighbourhood of many joints are safe operations."

deemed his task. It is scarcely necessary to say that he was a Methodist, but he out-Themisoned even Themison himself. He so far differed from Asclepiades as to insist that restoration to health must be effected not merely by re-establishing a "symmetry among the pores of the body," but by effecting a *complete change* in the condition of the pores of the affected part.* This change he denominated "metasyncrisis," and sought to effect greatly by means of rubefacients, vesicants, and caustics. He introduced among the Methodists the practice of prescribing a three days' fast at the commencement of a fever, whence the members of that sect were sometimes denominated "Diatritarii."

Other distinguished Methodists were, Soranus in the reign of Adrian, and his translator, Caelius Aurelianus, of uncertain date, to whose writings we are mainly indebted for our knowledge of the doctrines and practice of his school.

Dioscorides, surnamed Pedacius or Pedanius, deserves to be styled the founder of the modern science of *Materia Medica*, for although Theophrastus,† from whom he borrowed so much, had written a treatise on plants, this latter wrote rather as a botanist than a physician, while Julius Bassus, Niceratus, Diodotus, and Sextius Niger, who are referred to as earlier labourers in the same field by Dioscorides himself, seem to have treated the subject in a very superficial manner, and, besides, their writings have been lost. He was a native of a town in Cilicia, and, like his countrymen in general, wrote execrable Greek. He seems to have been a cotemporary of Pliny, and in early life accompanied the Roman armies over various parts of the world in order personally to examine the natural products of different countries. There are extant of writings ascribed to Dioscorides five books on *Materia Medica* of undoubted authenticity; two books, on fish and on

* I am not sure that I quite understand the meaning of this, but it seems to be that, while Asclepiades thought disease to consist in some *relative* condition of the pores to each other, Thessalus deemed it to arise from a *positive* local or general change in such condition.

† Theophrastus, a native of Lesbos and successor of Aristotle, wrote above 200 treatises, of which his history of plants and of stones, treatise on the winds, characters, &c., are still extant. He died B.C. 288, after having enjoyed the special favour of Cassander and Ptolemy, successors of Alexander the Great. Aristotle at his death is said to have entrusted his works to the care of Theophrastus.

venomous animals, quoted by Photius, but not mentioned by Galen, and probably spurious; and two others "On easily-prepared drugs," which have little claim to be considered genuine. In his *Materia Medica* he describes about 700 plants, giving their botanical characters, their mode of preparation, or pharmacy, and their pharmacodynamics. He similarly treats the drugs taken from the animal and mineral kingdoms. But, notwithstanding the labours of the indefatigable Salmasius and others, it is impossible to identify many of the simples mentioned by Dioscorides. He has been censured by Galen for not describing the action of drugs with sufficient minuteness, merely stating that such drugs were good for such diseases, some were cold, others warm, and so forth; but, notwithstanding these defects, his was the standard treatise on *Materia Medica* for upwards of fifteen centuries. "It was the fashion to find everything in Dioscorides. It was a firm belief as late as the 16th century that not a plant grew in England, France, or Germany which had not been described by Dioscorides. Even when potatoes were first introduced, the learned had no difficulty in finding them in Dioscorides. . . . The ambiguity of his language was improved by rude delineations of the plants described, and between the two we can easily understand that there can have been no possible difficulty in recognising the likeness of the tobacco, potato, tea, coffee, or any other plant, from the hyssop* of the wall to the cedar of Lebanon." (*Hist. and Heroes Med.*, p. 121.) Thus we find that for 1,500 years the *practice* of medicine throughout Europe was based upon a varying and daily more uncertain tradition—a useful fact for those to bear in mind who boast of the antiquity of soi-disant "*scientific* medicine."

Some have supposed Dioscorides to have been a Methodist, on account of his employing the cognate adjective to "metasyncrisis," but this point is quite uncertain.

This is the proper place to give some account of Andromachus of Crete, who flourished during the reign of Nero, and was the first who was honoured with the title of Archiater. This title was explained by Accursius to mean "physician to the prince," and by Mercurialis, Meibomius and others to signify "chief physician," an interpre-

* Curiously enough, the "hyssop of the wall" is just one of those plants which it is difficult to recognise.

tation perhaps more in accordance with the etymology of the word. Afterwards there were both Archiaters of the palace and Archiaters of the people, the latter being compelled to give their services gratuitously, when required, to all and sundry, in return for a salary paid by the state. Together with their families, they were exempt from all taxes, soldiers might not be billeted upon them, and they could not be summoned before courts of law. These latter exemptions were perhaps confined to the Archiaters of the palace and of the city of Rome. After a certain term of service they retired with the title of ex-Archiaters, and in the course of time a College of Archiaters came to be founded, which elected its own members, subject to the emperor's approval. In the reign of Theodoric a supreme Archiater was appointed, with the title of Count of the Archiaters, who was to decide all disputes which might arise on medical questions; to be, in fact, a medical pope, as Le Clerc observes. Besides being distinguished as the first Archiater, Andromachus is also worthy of remembrance as the inventor of the famous "Theriacum," composed of 66 ingredients, which was so highly esteemed for many centuries both as a medicine and an antidote.

Galen (Claudius Galenus) was born at Pergamus A.D. 103 according to some, though Le Clerc places his birth as late as 131 A.D. or thereabouts. His father, Nicon, was an excellent and accomplished man, by profession an architect; Galen also commends the chastity and good housewifery of his mother, virtues which, in her case, as in that of many others, seem to have been tarnished and perhaps supported by a ferocious temper, which led her, according to her own son's account, to *bite* her servants and hen-peck her husband. He studied successively in the schools of the Stoics, Academics, Peripatetics, and Epicureans, but in riper years he entirely rejected the doctrines of the last. He must have been a precocious youth, as he seems to have completed the round of all these systems of philosophy by the age of 17, at which time he devoted himself to the study of medicine. He was at first instructed by a disciple of Athenæus, the "Pneumatick," who disgusted Galen by contemning logic. Afterwards he became the pupil of several disciples of an eminent physician named Quintus, to whom (Quintus) Galen always referred with respect, notwithstanding his having laughed at the doctrines of the four primary quali-

ties (heat, cold, dryness, and moisture), which he declared only deserved to be considered by bathing-house-keepers. In early life Galen spent some years in Alexandria, and also travelled in Crete, Cyprus, Cilicia, Palestine, Lemnos, and Syria. He returned to his native town at the age of 28, when his reputation as a surgeon speedily rose so high that he was intrusted with the treatment of the gladiators, of whom, it is said, he never lost a single case.

Political disturbances having arisen at Pergamus, he settled at Rome at the age of 32, where he lived on terms of intimacy with the philosopher Eudemus, and with praetors, consuls, and even members of the royal family. He was at all times fond of boasting of his own skill in prognosis and diagnosis, and so far justified his vaunt on the present occasion by his successful treatment of his friend Eudemus, and by detecting that the supposed grave malady of a lady whom he was called in to visit was nothing more than a hopeless passion for a buffoon. But his prosperity was short-lived, for, as in the case of Hahnemann, it soon awakened the jealousy of the other physicians, who compelled him to leave Rome after a five years' sojourn. Ere long, however, he returned at the express command of the Emperors, M. Aurelius and L. Verus. Such was still the enmity of his professional brethren that he deemed it safer to quit the city and reside near the country seat of the Emperor's son Commodus. He tells us with much pomp how he cured M. Aurelius of a fit of colic by means of hot fomentations, and it also appears that he most unfortunately cured Commodus of a dangerous fever, which might perhaps have carried him off, to the great benefit of the empire, but for Galen's interference. It is uncertain whether he remained at Rome until the time of his death, or returned in extreme age to his native country.

Galen was unquestionably learned and probably skilful, but he was inordinately vain, loquacious, insolent, boastful, and not without a taint of superstition. He tells us no one before himself had shown the right method of treating diseases;—Hippocrates was all very well, but didn't go far enough. He boasts of having done for medicine what his master Trajan had done for the Roman empire. Having thus sonorously sounded his own trumpet, he forbids his pupils to bestow eulogies upon him in public—something as Mr. Pecksniff scolded Tom Pinch

for having belauded him to Martin Chuzzlewit—and has the assurance to add that he was quite indifferent to reputation, since he only cared for learning and virtue. His system of medicine he certainly intended to be a development of that of Hippocrates, but he manifestly had a leaning towards the “Pneumatick” school,—probably derived from his old teacher, the disciple of Athenæus. He was no friend to the Methodists, whom he politely calls the “asses of Thessalus.” The charge of superstition chiefly rests on the attention he paid to dreams in the conduct of his daily life, and on the somewhat doubtful assertion of Trallian that he relied to some extent on charms in his old age.

As Galen was the all but undisputed monarch of the medical world at least until the time of Van Helmont, it is necessary to consider his doctrines at some length; and in order to do this intelligibly, we must first clearly understand the circumstances in which he was placed. At the time when he wrote, the six principal medical schools of antiquity were in a state of full vigour and contention; the Methodists, perhaps, on the whole, having the pre-eminence, owing to the internecine disputes which divided the Dogmatists among themselves, some of these latter ranging themselves under the banner of Hippocrates, others under that of Erasistratus, and so forth. The Eclectics were perhaps not very numerous, although Galen himself belonged to their party in reality if not in name; the Episynthetics and Pneumaticks were a kind of offshoot of the Methodists, and the Empirics were least in esteem of all. Notwithstanding his eclectic and pneumatick proclivities, Galen, as before remarked, was avowedly a follower of Hippocrates, whose theories he considered that he himself alone fully understood, and most of whose earlier commentators he treated with sweeping and perhaps deserved contempt. *The interpretation of Hippocrates*, therefore, was his ostensible object, but he took upon himself to fill up many parts which his master had left merely sketched in outline, and in so doing he availed himself of all the resources which his vast reading, extensive practice, and personal reflection placed at his disposal. Especially, he considered that the doctrines of Hippocrates required to be *systematized* and represented anew in some coherent and logical schema or method, which latter he undertook to supply.

Nor can he be said to have failed of success. The whole teaching of Galen has a consistency and logical sequence which it is no wonder recommended themselves to the minds of subsequent physicians for many centuries. In the time of Eusebius, that ecclesiastical historian assures us that many worshipped Galen as a god; Trallian calls him "most divine;" Oribasius, Paul of Aegina, Aetius, Stephen of Athens, Avicenna, and Averroes are almost equally loud in his praise. The doctrines of Galen had only one defect, but that was a fatal one; they were perfectly coherent, but unfortunately they were founded on false data; however, as the philosophers of the next 15 centuries were much more acute in detecting a formal or logical than a material fallacy, it is not surprising that, captivated with the compactness and elegance of the superstructure, they should have failed to notice the unsoundness of the foundation.

In order to begin at the beginning, Galen commences by telling us the true place of medicine among the various arts and sciences, and what is its true end or scope. All sciences and arts are by him divided into four classes, according to their result or object—(1.) those of which the end is contemplative, or speculative, as arithmetic, physics, astronomy; (2.) those which teach some kind of action, but which become inert or latent when this action ceases, as the art of dancing; (3.) those which produce some kind of action the effects of which are permanent, as architecture, ship-building, &c.; and (4.) those which produce nothing, but teach how to acquire something, as the arts of hunting and fishing. The third class he subdivides into two sections—(a.) those which produce something *de novo*, as building; and (b.) those which restore or repair something already existing, as medicine, which has for its aim the restoration of a diseased body to a healthy state.

Instituting a comparison between a physician and an architect, he goes on to remark that just as the latter requires to know the nature of the materials he has to work with and the kind of building he is required to rear, so the former must be acquainted with the composition, shape, size, number, and relations of the component parts of the body (anatomy), and the conjoint and individual action of these parts (physiology).

The physician's duty is two-fold—(1.) to preserve the

body in a state of health, (2.) to restore it to the normal condition when diseased. He must further aid the efforts of nature in the restoration of parts which are wanting, when practicable, and in order to do this effectually he must know what parts *can* be restored, and what *cannot*, i.e., the regenerable and the unregenerable tissues.

So far his doctrines are unimpeachable, but at this point he commits himself by beginning to theorize. He maintains, as others had done before him, that the *regenerable* parts are those formed from the blood, the *unregenerable* parts those which were derived from the semen. However, as the fact is indisputable that some parts are regenerable while others are not so, it has happened, that, here as elsewhere, the truth of the conclusion has been esteemed a sufficient proof of the soundness of the premises. In this case, the error being purely speculative, is of comparatively little consequence, but in the sequel we shall find many instances where serious practical evils have resulted from forgetfulness of the logical axiom, that even where the reasoning is perfectly syllogistic and the conclusion an evident fact, no inference can necessarily be drawn as to the truth of the data.

(*To be continued.*)

AN INTERESTING CASE OF
EXTENSIVE ENCEPHALOID OF THE MESEN-
TERY, OMENTUM, LIVER AND SPLEEN ;
WITH TWO DERMOID CYSTS (INCLUDED OVA?).

By Dr. WASHINGTON EPPS.

JESSIE G., æt. 23 years, married, one child, three months old. This woman had, ever since the birth of her child, been gradually increasing in size until at the time of my visit (April 10th, 1871) she resembled, in size, a woman at the ninth month of pregnancy. She was lying in bed, extremely emaciated, the face shrunk and haggard, eyes sunken and hollow, and her whole body extremely wasted. This change came on rapidly during the last three months ; her appetite was *nil*, and she complained much of incessant vomiting and diarrhœa.

The abdomen was much enlarged, and covered with large, turgid veins, extending from the groins upwards towards the chest, showing there was some stoppage in

the internal venous circulation. On applying the hand, one could feel numerous large hard masses, some of which were moveable. The whole abdomen was dull on percussion, except at the upper part, where there was slight tympanitis in the region of the transverse colon. In the region of the bladder there was indistinct fluctuation, giving the impression of a distended bladder, but this was not the case, as the patient passed her urine naturally and frequently.

On examination per vaginam, a large, hard, unyielding mass was felt projecting into the vagina. The catamenia had not appeared since the birth of her child. This woman, during the last three months, had consulted many physicians, who made diseases of women their spécialité; one said she was suffering from ovarian tumour, but declined to operate; and another, that she was suffering from a fibroid tumour of the womb (this is what the patient's mother told me at the time).

On the third visit, I found the patient sinking, and she died in the evening.

At the autopsy—made on the second day after death, at which my friend Mr. Richard J. Carey, M.A., Cantab., M.R.C.S., gave his assistance—we found, on opening the abdomen, that the whole of the mesentery and omentum was one mass of infiltration (encephaloid); the liver and spleen each contained in parts more or less of the same infiltration. The lungs and kidneys were free from deposit, showing that the cancer was confined to the peritoneum and organs invested by it. The infiltration was white, semi-transparent, in some parts soft and breaking down on slight pressure, at other parts hard and gristly; on making a clean section and scraping with the edge of the knife, a thin milky juice was obtained, which on microscopical examination gave clear evidence of the cancerous origin.

In the region of the bladder, in the central line, above the pubes, was found a large cyst, containing a large quantity of hair, fatty and grumous matter, and a *small piece of bone* (alveolus), *containing a tooth enclosed in its sac*; this cyst was about six inches in length and three inches broad, and had a thick envelope covered externally with peritoneum. In the left ovarian region, a second cyst was found, about two inches in diameter; this cyst contained hair, fatty and grumous matter. Any connection,

if such exists, between these cysts and the uterus and surrounding organs could not be traced, on account of the cancerous infiltration.

The bladder was found in its natural position, and normal in character; the uterus small and atrophied; the hard tumour, which had been felt per vaginam during life, was found to be a large mass of cancerous tissue, most probably part of the mesentery of the rectum or sigmoid flexure, infiltrated with encephaloid tissue.

On showing the preparation to my late teacher, Mr. John Marshall, F.R.S., he gave, as his opinion, that the larger cyst was a case of included ovum; because a true dermoid cyst never contained a piece of bone, with a perfect tooth, enclosed in its sac.

The mother of the patient told me afterwards that the patient, ever since she was nineteen years old, had been peculiar in shape, "so broad across the waist;" she also said that the catamenia had been regular ever since the fifteenth year.

The above case is interesting in showing the extreme rapidity in the growth of internal encephaloid cancer; the obscurity of the symptoms and physical signs, and the extreme difficulty in the diagnosis; from the fact of the larger cyst containing a piece of bone, containing a tooth enclosed in its sac; from the fact of the patient having menstruated regularly every month from her fifteenth year, and also from her giving birth to a strong, healthy, living infant at full time.

The preparation, containing the two cysts, with their contents, i.e., hair, fat, bone, tooth and sac; together with the uterus, is now preserved in the University College Museum, where it can be seen by any one interested in the case.

20, Devonshire Street, W.,
August 12th, 1874.

CLINICAL ILLUSTRATIONS OF DISEASE OF THE HEART AND *ARNICA-ERYSIPELAS*.

By J. N. BLAKE, Esq.

THE accompanying reports of two cases recently under care contain nothing new in treatment, but the disease in each was so well marked, and the improvement followed so quickly on the exhibition of the remedies, that I do not

think the most sceptical could say that "medicine had nothing to do with it."

Case of Degeneration of Heart.

E. L., æt. 55, widow many years; one child; middle height, very stout, complexion rather florid, passed the change about six months ago, catamenia regular up to that time. For many years subject to water-brash, headache, feeling of numbness in limbs, sleep restless, feet sometimes very cold, at others very hot, rheumatic pains in various parts; never had rheumatic fever. About fourteen days ago began to have fainting fits, lost her consciousness on one occasion only; attack comes on by stiffness and numbness in hands, rapidly extending up the arms, profuse perspirations set in as the attack passes off; appetite fair, bowels regular, tongue rather dry and coated, heart's action and sounds weak, pulse regular, but feeble.

Her mother, æt. 82, has had two "strokes," the first at 60 years of age, after which she was quite helpless, until the second, which occurred three years after, and from which she recovered entirely, and is now enjoying good health!

Two uncles died suddenly.

May 29. Ordered *tr. sulph.* 6x, one drop three times a day for two days, then *nux v.* 3x, in the same way for four days.

June 5. All symptoms better; *nux* 3x.

„ 12. Better; no fainting attack; *nux* 3x.

„ 19. Says she has nothing to complain of. To take *nux v.* 3x, for another week.

I have seen this patient at intervals since treatment, and up to the present time there has been no return of any of the symptoms previously complained of.

Erysipelas produced by local application of tincture of Arnica.

On May 16th, Mrs. W., æt. about 50, sprained her ankle, and had applied to it a rag saturated with pure tincture of *arnica*, which produced erysipelas in the course of twelve hours. Her friends then treated her with various remedies and wet bandages, but the inflammation was only sometimes better, then worse. On the 26th they applied a lotion of *rhus*, but this made matters

so much worse that I was sent for on the morning of the 28th, and found her in very great suffering, with a band of inflammation about three inches in width, and nearly encircling the ankle joint; colour dusky purple, the upper part raised into large flattened blebs, the lower part slightly suppurating, the foot and leg somewhat œdematous, the swelling extending several inches, the whole most exquisitely tender, and appearing like a severe scald or burn more than anything else; the general disturbance was very slight, except from want of sleep; one eye was slightly inflamed, and the eyelids were swollen; a small patch of erysipelas on the palm of the right hand.

Gave tinct. *bellad.* 1x, and *liq. arsenicalis* alternately every two hours in 2-drop doses, and ordered the part to be fomented every three hours with water as hot as could be borne, with a few drops of carbolic acid and tincture of opium in it; afterwards to be dusted with powdered starch and wrapped in cotton wool.

May 29. Passed a quiet night; inflammation and pain very much relieved. Ordered *liq. arsenicalis*, two drops every three hours, fomentations less frequently.

May 30. Still better; gentle perspirations; appetite good; healthy action of bowels. To take tinct. *ars.* 3x, every three hours.

May 31. Swelling gone, discolouration but little, sup-puration ceased, and new skin rapidly forming.

Patient to get up for a few hours, and continue the medicine.

June 2. Found her downstairs and walking about, only complaining of a little stiffness and tenderness of the part when moving, and feeling of slight general debility, frequent and easily excited perspirations.

Ordered tinct. *china* 3x, one drop three times a day for four or five days.

175, Brook Hill, Sheffield.

CLINICAL NOTES AND SUGGESTIONS.*

By A. E. SMALL, M.D.,

President of Hahnemann Medical College and Hospital, Chicago.

Whooping Cough.

During the latter part of the present winter and commencement of spring, our attention has been directed to

* *United States Medical and Surgical Journal*, April, 1874.

the peculiarities of this disease. In many instances it has apparently made its appearance as the sequel of exposure to wet and damp weather. After the feet have been wet, the child begins to cough as from an ordinary cold, and suffers more or less from chilliness, depression, suffusion of the face and eyes, increased secretion of tears, discharge from the nose, paroxysms of a dry fatiguing cough, attended with more or less fever, and worse during the night. Finding but little success in the treatment of a cough of this kind when the above symptoms were present, I have in most cases observed that after one or two weeks the cough would assume a nervous or spasmodic character, and would come on in violent paroxysms, and very soon would ensue the distressing characteristics of whooping cough. From the beginning to the end, remedies seemed to be of little avail in mitigating the violence of the cough, and yet they proved exceedingly efficient in removing concomitant ailments. In what is usually termed the catarrhal stage, or the stage of invasion, I have found several remedies which apparently relieved the patient of much suffering. Under their influence I have seen the undue excitement of the lachrymal gland pass away. I have seen asthmatic breathing removed, and the soreness of the chest, of which many victims complain, and also the fever entirely dissipated.

On the 5th of February I was called into a family of six children, the oldest of which had seen but ten summers, and the youngest was but a year old. Now, just previous to this, there had been some wet weather and rain, and the house had become damp. The older children played out on the sidewalks and in the yard, and even the youngest had been more or less influenced by the damp atmosphere. The temperature of the weather changed suddenly, and there was a variation of 23° in the thermometer between night and morning, and this group of children, from the oldest to the youngest, began to cough, and their eyes became suffused with tears, and, from the running at their noses and febrile symptoms, we commenced treating them with *aconite*, 3rd dilution, in water. At first this treatment did well, as it subdued the febrile excitement and gave promise of speedy recovery. After an elapse of twenty-four hours they still continued to cough. Gave *belladonna*, 3rd dilution, in water, dose every two hours for the next twenty-four hours, and still each continued to

cough, complaining of much soreness of the chest and more or less headache at each paroxysm of coughing. Gave *bryonia* 3 in water—a few drops in half a goblet—and a tea-spoonful every two hours. This removed the soreness of the chest and headache, but still the cough became more violent and manifested itself in paroxysms at short intervals. But little expectoration attended the cough, and during the intervals between the paroxysms the children seemed quite relieved. Various remedies were given with the hope of mitigating the cough, with little effect, and after ten days it became apparent that each was affected with whooping cough; and now we had a fine opportunity to select from the group of whooping cough remedies. We gave *nux vomica* when the cough was dry, racking and worse after midnight, and in the morning, with vomiting, anxiety and suffocation, with bleeding at the nose and mouth. We also gave *pulsatilla* for similar symptoms; but witnessed only a slight amelioration. Our plan was to dissolve a few globules of the 3rd attenuation in a tumbler of water, and give a dessert-spoonful after each paroxysm until we could note some change. Sometimes we found the effect favorable and the distress less, but subsequent trials proved that we had made but little headway in arresting the difficulty. At times when the cough was attended with great anxiety and suffocation, and when the face was of a bluish hue, and at each paroxysm there was vomiting of mucus, *ippecac.*, given as above, evidently mitigated all the symptoms. When the cough was preceded with crying as if some sore trouble was dreaded, *arnica*, in the same form, gave decided relief. But I found no remedy that seemed capable of entirely arresting the cough in the catarrhal stage. The nearest that any remedy approached this desirable result was attained through the use of *corallia rubrum*, 3rd centesimal trituration, a two-grain powder twice a day. After the children had been coughing three weeks or more this remedy was given as above, and there immediately followed a mitigation of the severity of all the symptoms, the number of paroxysms began to lessen, and each returning one became lighter, and three weeks later the cough had disappeared entirely. But one peculiarity was noticeable in these children: they lost flesh, looked pale and sickly even after the cough had left them.

The etiology of whooping cough has been a mooted

question among pathologists, and the causes that induce the disease have been difficult to define. It has been maintained that it originates from malaria, from the fact that it prevails in the heat of the summer as well as in mid-winter, in the spring, or in the autumn; that it often prevails in frigid, temperate and tropical climates.

From our observation, an epidemic whooping cough may arise from exposure to damp and cold, and then spread from one to another, and from family to family, through some generating influence entirely disconnected from the primary cause. Bennett relates a formidable case that supervened upon wet feet, from which a contagion emanated and spread through a whole community; and that the average duration from the beginning to the ending of the disease, provided it progressed uncomplicated with other difficulties, is about eighteen weeks. It has, according to the observation of most writers, three distinct stages, each of which manifests the same degree of stubbornness, and rarely yields to any kind of treatment; and yet it is maintained that remedial treatment is constantly necessary in order to prevent local inflammations in the respiratory system. The first stage is termed catarrhal, and is attended with symptoms resembling an ordinary cold, and may be complicated with acute bronchitis, or pneumonia. This stage, then, requires special attention. If there is fever *aconite* will prove useful; if capillary congestion *belladonna*; and these remedies, if they do not remove the cough, may ward off an attack of pneumonia. We have seen the good effects of *pulsatilla* in the catarrhal stage in removing inflammation from the mucous lining of the nasal ducts.

In the second stage, usually termed the nervous, spasmodic or convulsive, which is known by the characteristic symptoms of the disease, the violence of the cough may be mitigated by remedies. When the paroxysms come on more frequently at night and during the night, *hyoscyamus*, 3rd dilution, will often produce a sensible amelioration; and in those cases where the victims are forewarned of the approaching paroxysm by a soreness and distress that causes them to cry out, *arnica*, 3rd dilution, has afforded considerable relief. In those cases of whooping cough attended with vomiting, and when the victims feel better during motion, *drosera* is indicated. When they turn blue in the face as if suffocating, or when the

paroxysms are preceded by weeping, *cuprum* is indicated, and also *arnica*.

Veratrum album is indicated in cases of great exhaustion children fail to recover strength after a paroxysm of coughing, and are inclined to lean their heads against something for support, and when they have fever with cold perspiration, especially on the forehead, intense thirst, small quick pulse, and emission of urine while coughing; and also when the cough ceases on lying down, and recurs when rising from the bed. A few drops of the 3rd dilution, in water, and a dessert-spoonful three times a day for several days has had a favorable result. *Coccus cacti*, given in the same way, has had a good effect when aropy mucus is coughed up at each paroxysm. *Hyoscyamus*, when the cough is dry and occurs most frequently at night. *Conium* for scofulous children, when the attacks are violent and the face flushed, and the expectoration is bloody.

For the third stage of whooping cough I have found *sulphur* and *hepar sulph. calc.* about the only remedies that availed anything in promoting convalescence.

REVIEW.

The Hahnemann Materia Medica. Part III., containing *Belladonna*, by Dr. R. HUGHES. Printed for the Hahnemann Publishing Society; and published by H. Turner & Co., 77, Fleet-street, London, E.C. 1874. Pp. 48. (Second Notice.)

The commentaries which Dr. Hughes has appended to the different sections of the Symptomatology of Belladonna are exceedingly interesting and valuable. Nevertheless, we must look on them merely as a tentative approach to the interpretation of absolute facts: as such, open to future revision, in proportion as our knowledge of the *mode* of action increases; and open, too, to a certain amount of present criticism. Dr. Hughes's Symptomatology itself we look on for the present, and probably for the future also, as above criticism. He has acted the part of candid friend to all those who have gone before him, and with an assiduity and carefulness beyond praise has endeavoured, and that successfully, to eliminate all that was doubtful in the provings of *belladonna*, and thus to restore to the physiological picture of that drug the true proportions which belong to it.

Dr. Hughes's remarks and quotations on the epilepto-genetic power of *belladonna*, on page 11, are exceedingly judicious and instructive. And Dr. Rutherford Russell's experience, from its very unsatisfactoriness, leads us to the conclusion that we yet

know but little that is absolutely true concerning this disease and its proper curative treatment. We may, for instance, have two cases of epilepsy, each bearing a fair resemblance outwardly to the symptoms of *belladonna*. One of these will be cured or markedly relieved by this drug, the other case will show no signs of its influence. And this not because our knowledge was incorrect, but because it was partial. The first case would resemble the *belladonna* epilepsy, not only in its outward manifestation, but also in all the preliminary changes (except the prime one) which led up to the fit: in the second case the resemblance might be perfect, more so than in the first, as regards the external manifestation, but the processes leading up thereto would be completely different. And in accordance with this theory and with our practical experience, Dr. Hughes denotes infantile convulsions and puerperal eclampsia as the two instances of acute epilepsy chiefly under the power of *belladonna*—the first depending most frequently on the irritation of dentition, and the other on renal or uterine disturbance, or else partially on both.

The notice which we get on the same page of the value of *belladonna* in locomotor ataxy is very interesting, backed up as it is by the author's clinical experience, and we trust that such a promising indication may be made of considerable use in our practice.

On page 15 we get a happy distinction between the marked value of this remedy in mania-à-potu and its uselessness in delirium tremens; the one being of course the acute and violent form of alcoholic excitation, the other that intense state of depression, physical and mental, that results from a prolonged use of stimulants, sometimes even from their sudden disuse.

Headache is a symptom for which we are often called to prescribe and in doing so we are naturally reminded how little avail our allopathic lore would have been in such cases. Of the value of *belladonna* in this complaint, Dr. Hughes writes on page 21: "It is equally suited to the nervous headache and to the congestive. Symptoms of local hyperæmia (as the bloodshot eye) characterise the hemicrania that calls for it. Heavy drooping eyelids, and blindness or flashes of light before the eyes point to it: also a sense of burning in the eyeballs. It is always aggravated by light, noise, and movement. Its essential characters are hyperæsthesia and hyperæmia." And he compares its brain action with (1) *stram.* and *hyos.*; (2) *glonoin* and *nit. of amyl*; (3) *nux v.*, *bry.*, and *sulph.* To these we think may be added *cannabis*, *ant. tart.*, and *gelsem.* To the two latter, in rapid alternation, the intense congestive headaches which often terminate in vomiting, and which possess the above symptoms extremely well marked, have frequently yielded.

The point of view which Dr. Hughes takes of the mydriasis

of *belladonna*, confirmed though it is by Harley, will probably need re-consideration. Of the facts we are quite positive, and the latest experiments only bring them out into greater prominence; but it seems probable that the third nerve is alone, in its excitation by very small doses, and in its exhaustion by larger ones, the cause of the iridial contraction and dilatation.

We find on page 32 that our author adheres to his old love *baryta carb.* in the treatment of quinsy, notwithstanding that *bell.* is "not un-homœopathic, even here." We cannot ourselves but consider it a matter of doubt whether *belladonna* is not the most useful remedy we have in this common and painful affection—valuable though *baryt. carb.* is in dispersing the consequent thickening of the gland and removing the tendency to a return of the disease.

The commentary on the renal symptoms is very excellent, and we commend it to the careful study of our readers; and the general conclusion, showing the effect of the study of this drug on general therapeutics is full of sound wisdom. We cannot avoid remarking the respect with which Dr. John Harley's experiments, and the absolute tenderness with which some of his conclusions and clinical remarks have been treated by Dr. Hughes. Many a time and oft might he have hoist with his own petard the author of the *Old Vegetable Narcotics*, but he refrains. Occasionally he leaves him between the horns of a dilemma, but it is with evident regret. And he ends his work with a wish, which must be echoed in the heart of every true lover of the therapeutic art, and with which we also will conclude this notice:

"Let us hope that such entire coincidence of theory and practice in respect of the present drug may be the first note of the harmony if not of the unison of the future."

CLINICAL REPORTS.

A FEW CASES OF INTEREST WHICH SHOW THE ACTION OF CERTAIN DRUGS IN DOSES NOT INFINITESIMAL.

By Dr. DIXON.

Arnica.

William B., age 55. Three years ago I called on my painter to give him some instructions. I found him in bed; he had fallen three weeks before from his window machine, while doing something to his garden window: he fell on his back, his loins coming across a piece of wood on the ground. Dr. R., a

neighbouring surgeon, attended him ; he was now coming twice a day to introduce the catheter, and his urine was bloody ; he said his back was like a mackerel as to colour ; the left olecranon was broken. Having expressed my sorrow to the poor fellow, whose family I attended, I told him to send to me when he and Dr. R. were tired of one another, and I would tell him how to use and take *arnica*, the best thing in such cases. The next morning Dr. R. called on me ; he was very friendly ; said he was at the Middlesex Hospital when *arnica* used to be talked about there ; he would like to try it in this case. I suggested that the patient's trunk should be enveloped every night in a towel wrung out from a mixture of one part *tincture of arnica* and thirty parts water, wearing simply a water-damp towel in the day to obviate *arnica* irritation, and to give him for his only medicine *tincture of arnica* internally, a few drops daily, in divided doses. He said that these suggestions should be carried out. Then he asked me to urge the patient, if I called on him, to agree to the bladder being washed out to free it from clots. I suggested that he should postpone that until the *arnica* had manifested its effects. On my calling on my new friend, Dr. R., in four days, he told me that there had not been occasion to use the catheter from the commencement of the *arnica* treatment, and the hæmaturia had ceased. I called again a few days after, and he told me that on visiting W. B. that day, he found he had gone out on business. He should know the value of *arnica* henceforth, and had already, since I had seen him, made use of it in a case of hæmaturia from lifting a heavy weight, in which it had effected more than he thought anything else would have done. I have seen W. B., and he has no trouble in back, kidney, or bladder. Dr. R. believes in the therapeutics of homœopathy, but says he cannot give the study to it which it must require.

Cantharis.

J. H., age 60, a tailor. July 16, 1872, says that for some years he has been troubled with piles, and for some months with irritation of the bladder ; went a week ago under the impression that he had stone, to a dispensary for diseases of the bladder, but—fainting at the sight of the sound—was told to come again when he had more courage. Instead of going there again, he thought he would come to me. He rides in an omnibus without inconvenience. *Canth.* lx, gtt. v. ter die. This he found quite effective.

J. J., age 46: Coffee-house keeper. Nov. 9, 1873. Micturition scanty, painful, and frequent ; such attacks common with him since gonorrhœa some years ago, whenever he gets a

chill; this is the worst he has had; his doctor, allopathic, does him no good this time. *Canth.* lx, gtt. v. 4 horis.

15th. Experienced wonderful relief within half-an-hour from the first dose. *Repet.*

Has had but one slight attack since, which as promptly yielded to the same medicine in the same dose.

Ferrum Muriaticum.

William G., age 25, architect. May, 1868. For a year has been inordinately troubled with ascarides, coincident with which piles, which bleed occasionally. Week after week the medicines selected were ineffective, until I prescribed *Ferr. mur.* lx, gtt. v. bis die. And this I continued for two months, when he said he was free from them, and from the piles also. He had a return of the ascarides in the spring of the next year. He resumed the medicine, and again got free of them. At my advice he continued it for three months.

Nov. 1872. Two years and a half after his last visit he re-appeared, to say that he has the premonitory symptom of an aggravating anal irritation. Resuming the medicine for a few weeks quelled this symptom, and he has not been troubled since. He said that his general health had been improved by the . on.

Miss P. R., age 10. 1872, January. Complains of dry cough, ending in retching, itching of nose and anus, enuresis, headache, neuralgia, nervousness; ascarides pass. In this case also no remedies were effective until I gave *Ferr. mur.* lx, gtt. ii. ter die. And she took this medicine and no other for several months with sufficient regularity, steadily improving until she was quite free from the parasites, and well in every point.

Iodium.

Matthew R. B., age 70. April 19, 1869. A teacher of the deaf and dumb; himself a deaf mute from birth. When seven or eight years of age perceived an enlargement of the right of thyroid gland; then the left side enlarged; the enlargement increased with years; had lancinating pains in it, and was unable to sleep in the recumbent posture from fear of suffocation; felt sleepy in the day, drowsy while walking, even to insensibility; has sometimes fallen in the street; mastication and deglutition impeded. In Feb. 1868, not having been under any treatment, was received as an in-patient at the *Hospital for Diseases of the Throat* in Golden-square. He was operated on; an instrument was plunged into the tumour; only a little blood came. He was kept there four months, and was then dismissed in the same state as he had entered.

Such is the sum of the written account he brought to me eight months after he left the hospital. By measurement the neck is 18 inches in circumference over the tumour; the right of it is elastic, lobulated, and it has a cartilaginous feel in the centre; the left is much less enlarged, and without a hard centre. Apart from the swelling and its mechanical effects upon the trachea, œsophagus, and blood vessels, his health is fair, and his hair being still brown, he looks younger than he is by many years. I prescribed *Tinct. Iod.*, lx, gtt. iii. ter die, and for external use *Tinct. Iod.* lx, to be applied daily with a brush as freely as the skin would bear.

Aug. 17. After four months of this treatment, there is a sensible lessening of the goitre and of its concomitant inconveniences. He is going into the country, and I advise his leaving off treatment until his return.

June 14, 1870. Ten months since he was here; has not felt so little discomfort for years; I continued the same dose of *iodine* for internal use, and for external doubled the strength.

April 19, 1874. The same prescription we have gone with, except that we rose gradually to the pure tincture for external use until this date, but not continuously. The left enlargement has now to be looked for, the cartilaginous centre of the right is less hard; the circumference of the neck over the tumour is 15 inches, showing a diminution of 3 inches; he sleeps well in the recumbent position, masticates and swallows with ease. Although under treatment five years, it has not been more than half that time that he has taken and used the *iodine*. I recommended suspensions, being desirous to avoid the *nimia diligentia* with the *iodine*, which thus expended its activity only on the organ affected.

I have calculated that apart from the use of it externally, the patient took during treatment 90 drachms of *tinct. iod.* lx, equal to 54 grains of pure iodine. He is in as good general condition to observation as, and he says he feels better than, at the commencement of the course.

The old school gives one-eighth of a grain as the minimum dose, twice a-day: at this rate fifty-four grains would have made four hundred and thirty-two doses. The fifty-four grains administered internally in this case made about six times that number of doses, a dose thrice a day.

Kreosotum.

Emily P., age 20, single, shopwoman at a stationers.

March 2nd, 1873. Has been several months under treatment of a homœopathic physician, in vain, for regurgitation of food, spasmodic pains in left hypochondrium, constipation, sleepiness, bad taste in the morning; an oily matter is thrown

up with the food. *Ant. t.*, *merc. s.*, and *nux. v.*, a week each in succession obtained progressive diminution of the symptoms, and then she ceased attendance. After a few weeks she returned, complaining of a recurrence of similar symptoms. The same treatment proved *nil*. I then prescribed *kreos. 2x*, gtt. v. ter die.

At the end of a week she said that she had thought for the first few days she had the medicine which would cure her, but the latter doses seem to have had no effect. I gave the same drug at the 1x dil. in doses of three drops. At the end of a fortnight she sent word that she was well.

Phosphorus.

Mrs. G., age 21.

Feb. 4th, 1872. Says that six months ago she had her first child. During the first month there was inflammation of left breast, ending in abscess; her doctor treated it with poultices and lancet, and when he dismissed himself told her to go to the sea-side. But she could not do so, and then the case was taken in hand by a woman "clever at breasts," who made bad worse.

The breast is now painful, pendulous, dusky-red, hard, knotty, and shows six openings pouring out sero-purulent matter. It is a breast in ruins. She is very weak, obliged to ride hither. Partially suckles her child with the sound breast.

I recommended her to cease suckling, to keep the bad breast enveloped in a damp cloth, covered with flannels, and prescribed *phos. 3x*, gtt. iv. quater in die.

11th. Improving. She walked hither. Continue.

18th. Some of the openings closed; but redness and painfulness not diminished since last here. *Bell. 1x*, gtt. vi. bis die, in alternation with *phos. 3x*, gtt. vi. bis die.

25th. Better. *Phos. 3x*, gtt. x. ter die.

March 7th. Has taken the last prescription a fortnight. The openings are all closed; the hardness and dusky redness diminished. Thinking she had enough of the *phos.* in fractional doses (but in this I may have been wrong), I prescribed *pil. phos. 30* ter die.

15th. Hardness unchanged. *Silic. 3x*, gr. iij. ter die.

28th. Same. *Pil. silic. 30* per die.

April 4th. No change. *Pil. phos. 6* ter die.

22nd. The breast gradually recovering itself, but it is very sensitive, and she fears to lessen the flannel coverings. *Pil. conii 3* ter die, and put on strips of *belladonna* plaster instead of the flannel wrap.

June 4th, 1873. Nearly fourteen months elapsed. Mrs. G. comes again with a baby five week's old in her arms. The hard vestiges which remained of the abscess seem to her a little

larger and tender; the skin over them is pink; she has been suckling with this alternately with the other breast.

I direct her to leave off suckling with it until the redness goes, and to keep it damp as before, and prescribe *bell.* 1x, gtt. v. ter die.

11th. Better. Continue.

18th. Has resumed suckling with either breast.

I have prescribed for her for other ailments, but she has made no complaint of her breast since.

Pulsatilla.

Ellen P., age 35, a blonde, of mild character, single.

Sept. 18th, 1870. A year ago had rheumatic fever, from which made a good recovery under homœopathic treatment. At the time corresponding to that of her attack last year she finds her hands and knees stiff and painful, and the catamenia suspended. For these symptoms I prescribed pilules of *puls.* 1x, of which she took one thrice a-day for several weeks, and then reported herself "comfortable and right."

Jan. 11th, 1873. Rheumatic pains again in all the small joints of her hands; otorrhœa left side, with roaring and deafness. *Pil. Puls.* 1x ter die.

Feb. 19th. Writes, "I have quite lost the deafness and singing noise, which I had had for more than twelve months; the discharge from the ear continued till within a week of ending the medicine, and finished with a little bleeding for two nights."

Sulphur.

Elisha B., age 50, a clerk.

Oct. 15th, 1872. For three weeks the sensation of a mist before the right eye preventing about 20 per cent. less of light entering it than the left, the sight of which is perfect. The pupil has a smokey appearance. *Pil. sulph.* ϕ ter die.

Has taken the pilules for a fortnight and the sight is better, less smokey look of the pupil. When he came before omitted to say that his sleep was disturbed with trashy dreams of strife, and of dogs getting hold of him; he is better also in this respect. Continue for another fortnight.

On seeing him subsequently he said he got quite well.

Great Ormond Street.

EXTRACTS FROM MEDICAL LITERATURE.

DR. MURCHISON has been publishing in the *B. M. J.* an interesting course of lectures on *Functional Disorders of the Liver*, from which we extract the following important and instructive passage (*B. M. J.*, April 18th) on the *Causation of Jaundice*,

when there is no mechanical impediment to the escape of the bile from the liver :—

“ But it is not so easy to account for jaundice when there is no mechanical impediment to the escape of bile from the liver. Boerhaave and Morgagni long ago suggested that the jaundice in these cases was the result of a suppressed secretion. They maintained that the function of the liver was merely to separate the elements of bile which were already formed in the blood ; and that, when anything interfered with this function of the liver, the blood retained the ingredients of bile, and the result was jaundice. Although this view was strenuously opposed at the end of last century by Dr. Saunders, who contended that ‘ in every case of jaundice bile must be secreted and carried into the blood-vessels,’ it is the view generally received at the present day. Our colleague, Dr. George Budd, for instance, in his treatise on *Diseases of the Liver*, remarks respecting those cases of jaundice in which there is no obstruction of the bile-ducts, that ‘ the most obvious explanation of the facts is, that the biliary pigment exists in the blood, and that, in consequence of defective action of the secreting cells, it is not eliminated as it should be in the liver.’ It is right to add that he makes an exception with regard to the biliary acids, which he believes to be formed in and by the liver. This view—that the liver manufactures the bile-acids, while it merely eliminates the bile-pigment—has also been advocated by Dr. George Harley, in his essay on *Jaundice*.

“ In my first lecture, however, I gave reasons, which appeared to me to leave no doubt, that even bile-pigment does not exist already formed in the blood ; and, if the view for which I then contended be correct, it will be necessary to seek for some other explanation of those cases of jaundice in which there is no obstruction in the bile-duct than that of suppressed secretion.

“ A solution of the difficulty has been proposed by Professor Frerichs, of Berlin. According to this distinguished observer, a large proportion of the colourless bile-acids formed in the liver is either directly taken up by the blood in the hepatic vein, or is absorbed from the bowel. Under ordinary circumstances, these bile-acids become oxidised, and assist in forming the large quantity of taurin found in healthy lungs and the pigments voided in the urine ; but these normal metamorphoses are liable to interruption by nervous agencies, or by poisons in the blood, and then the bile-acids, not being sufficiently oxidised, are converted into bile-pigment in the blood, and the result is jaundice.

“ This view has been supported by two experiments intended to show—

“ 1. That bile-pigment can be produced artificially from the bile-acids by the action of concentrated sulphuric acid ; and

“ 2. That colourless biliary acids, when injected into the veins of dogs, are converted in the blood of these animals into bile-pigment.

“ These experimental results are still the subject of much discussion. They have been controverted by Kulme, Hoppe, G. Harley, &c., but confirmed by Stœdeler, Neukomm, Folwarczny, Röhrig, &c. It has been contended on the one hand that the biliary acids in these experiments are decomposed in the blood ; and on the other, that, in whatever manner they find their way into the blood, they are excreted unchanged by the kidneys. The majority of observers seem to concur with Frerichs ; and his view is confirmed by the circumstance that, of the large quantity of bile-acids secreted by the human liver and subsequently absorbed, none appear in the urine. The decision of the question at issue, however, is not of material importance for explaining those cases of jaundice in which there is no obstruction of the bile-duct, provided there be any truth in the view set forth in my first lecture, that bile-pigment, as well as the bile-acids, is, under normal circumstances, reabsorbed into the blood, becoming transformed, in the process of absorption, into products which are eliminated by the lungs and the kidneys. In the healthy state, the whole of the bile that is absorbed is at once transformed, so that neither bile-acids nor bile-pigment can be discovered in the blood or in the urine, and there is no jaundice. But, in certain morbid states, the absorbed bile does not undergo the normal metamorphoses ; it circulates in the blood and stains the skin and other tissues, and in this way we have jaundice without any obstruction of the bile-duct. The morbid states which, so far as we know, conduce mainly to this result are, for the most part, precisely those in which we might expect abnormal blood-metamorphoses, viz. :—

“ 1. Certain poisons, such as those of yellow fever, relapsing fever, pyæmia, and more rarely those of remittent fever, typhus, scarlatina, &c. ; also snake-poison, chloroform, &c.

“ 2. Nervous influences, such as a sudden fright, violent rage, great or protracted anxiety, and concussion of the brain.

“ 3. A deficient supply of oxygen, as happens in certain cases of pneumonia, or in persons living in confined and crowded dwellings.

“ 4. An excessive secretion of bile, especially when conjoined with constipation, may also probably lead to jaundice. In this case, unless the bile be removed by purging, the quantity absorbed may be too great to undergo the normal metamorphoses, and the presence in the blood of the untransformed bile causes jaundice.

“According to this view, the only pathological difference between jaundice from obstruction and jaundice independent of obstruction of the common bile-duct is that, in the former case, none of the bile secreted by the liver can escape from the body by the fæces, and consequently all that is secreted after the gall-bladder and biliary passages are fully distended is absorbed into the blood, the quantity thus absorbed being far too great to undergo the normal metamorphoses; while, in the latter case, bile passes into, and is discharged from, the bowel as usual, but that which is absorbed, which in quantity may not exceed that which is absorbed in health, remains unchanged in the blood. As might have been expected, the jaundice in the former case is much more intense than in the latter, although, when an obstruction of the bile-duct has lasted long, the jaundice often becomes paler, not from any diminution of the obstruction, but from the secreting tissue of the liver becoming destroyed and comparatively little bile being secreted; while, in cases where there is no obstruction of the bile-duct, the intensity of the jaundice will vary according to the amount of bile which is absorbed and the degree of derangement of the blood-metamorphoses.”

The following extract from a lecture on the *Action of Iodine*, by Professor SÉE, of Paris (*Med. Times and Gazette*, April 18th), is interesting:—

“*Action on the Circulation.*—The circulation is manifestly modified by the administration of *iodine*. The beats of the heart are accelerated, particularly if the pulse be calm; and this effect is produced, whatever be the dose employed. If the pulse is already frequent, it will not be accelerated to a remarkable degree. These facts have been brought to light by the regretted M. Kuss, of Strasburg, by whose death science has sustained a great loss; but in asserting that in giving the *iodine* in considerable quantity no untoward effect was produced, he did not explain the cause of this singularity. The explanation is found in the rapid elimination of the drug whilst the circulation of the blood is accelerated. M. Sée therefore concludes, with Puche, that in certain individuals enormous doses must be administered to produce the desired effect, instead of the small doses that are so timidly prescribed. In varying the dose of the iodide of potassium according to individual cases, we shall soon find out that the small dose of one gramme (about 16 grains) a-day produces as much an effect as that of three grammes. Here not only is the general circulation accelerated, but hyperæmia of all the organs takes place,—the skin is covered with papules, erythema, acneform pimples; sometimes the skin and subjacent cellular tissue are congested and become the seat of a sort of œdema, which is principally visible in the eyelids; the

conjunctiva is injected, which may be followed by ophthalmia; the mucous membrane of the throat is also affected; the pharynx and tongue are swollen, as also are the mucous membrane of the larynx and probably that of the bronchi, followed in some cases by dyspnoea and catarrh; even the expectoration may be sanguinolent; the mucous membrane of the stomach is excited; the functions of the uterus are modified, or rather exaggerated, resulting in menorrhagia—hence the utility of *iodine* in amenorrhœa and dysmenorrhœa. These divers phenomena of congestion have been described as the commencement of iodism; but M. Sée looks upon them as the physiological effects of the drug, and that they are not particularly due to large doses, in proof of which he states that after having swallowed two grains of the iodide of potassium, and even less, all the symptoms of iodism may be observed; and this dose is certainly not toxic. The phenomena of iodism under these circumstances are temporary, but the patient should always be warned of their possible occurrence. If, on the other hand, large doses are at once administered, we shall not have iodism, but poisoning by *iodine*. Such cases are not numerous, but some are known to have occurred, and among others the death of a young German lady, who was treated and killed by her countryman Dr. Rose. This practitioner injected *iodine* into an ovarian cyst of which the patient was the subject; this was followed by serious consequences. He described minutely, and by the hour, the tragic scene that was taking place. As soon as the injection was practised, a convulsive spasm of the arteries followed; the pulse, hardly perceptible, was very frequent; the heart beat violently; the patient became cyanosed and felt a sensation of intense local cold. The spasm lasted sixty hours, after which the patient became red, the arteries were relaxed, the heart beat feebly, and death occurred on the fourth day. There was no increase of temperature, from which it may be inferred that there was no iodic fever as affirmed by Dr. Rose. Such are the symptoms of poisoning by *iodine*, which, it may be seen, do not resemble those previously described.

“*Action on Innervation.*—Whatever the dose of *iodine* absorbed, the patient experiences frontal headache and even well-marked neuralgia of the trifacial nerve. The cephalalgia is due to coryza, the neuralgia of the trifacial nerve to congestion of the sinuses. But besides these nervous phenomena there are others which are known under the name of iodic intoxication, characterised by giddiness, hallucinations, trembling; these are disturbances of the circulation. During the giddiness there is contraction of the arteries, as in the case of Dr. Rose's young patient; this is already the commencement of poisoning. According to M. Sée, the nervous system is at first modified

only in its circulation ; but when strong doses of the *iodine* are administered, short of poisoning, the nervous substance is affected. From this it may be inferred that *iodine* indirectly favours regeneration, the re-constitution of the tissues, particularly the nervous elements.

“*Elimination of Iodine.*—*Iodine* is easily eliminated, and appears in the urine, the saliva, and that soon after it has been ingested ; but traces of the drug are still found in these secretions several weeks after the patient had discontinued it. In its elimination *iodine* modifies the textures of the organs through which it passes—kidneys, skin, mucous membranes. But its action is complex, and it is very possible that the local hyperæmiæ it determines are only due to the passage of the *iodine* ; and, in fact, these congestions are almost distinct from the modifications of the general circulation. A patient, for instance, takes a dose of *iodide of potassium* at ten o'clock, at eleven his conjunctivæ are congested and the lachrymal secretion is increased. It may be that this congestion is the effect of the passage of the *iodine*, which is deposited on the mucous surface, and there produces irritation, caused by its direct application ; we have therefore to consider the direct action of *iodine* on mucous membranes, and another action, more general and more powerful, which sometimes produces deep inflammation. This can be shown for the mucous membrane of the stomach. If two individuals take *iodide of potassium*, one may feel none the worse, whereas the other loses his appetite, has a metallic taste in his mouth, and falls off in flesh. Why should there be this difference ? The simple contact of the *iodine* causes an increased secretion of the gastric juice. The *iodine* is absorbed, then eliminated by the stomach, and according as the latter is more or less deeply attacked, the appetite will be more or less affected. Unfortunately, one cannot foresee how it will act, but we should not forget that in small doses *iodine* is often appetitive, because it increases the secretion of the gastric juice. We should, however, remember that the elimination in the stomach takes place through the peptic glands, and that in its passage the *iodine* destroys a certain number of these latter. This action of elimination may produce evil consequences, and the greatest circumspection is therefore necessary in the employment of this heroic but dangerous remedy.

“ The *iodide of potassium* has been prescribed to stop the vomiting of pregnant women, but for this it is not equal to alcohol nor to the *bromide of potassium*.

“ The *iodide of potassium* has a certain action on the kidneys ; it may produce nephritis, destroy the tubuli uriniferi, and produce albumen in the urine ; but all metals do this, so we cannot make a special complaint against *iodine* in this respect.

This leads us to the study of the composition of the urine in individuals who take *iodine*, which will enable us to give the drug its proper place in the therapeutic *cadre*. If the effete matter of the organism, or the urea, be diminished during the use of *iodine*, it is because this latter is a substance that prevents the waste of the tissues (*medicament d'épargne*). Such was the conclusion arrived at by M. Rabuteau, who, in his experiments, found a diminution of urea; but it may be objected that these experiments are not absolutely rigorous. M. Rabuteau subjected himself to a certain diet for five days; he measured the quantity of urea which he excreted each day, and found twenty-eight grammes as the mean; on the fifth day he took *iodine*, and found no more than twenty-four grammes of urea in his urine. The experiment ought to have been more precise. M. Rabuteau ought not only to have weighed the ingesta, but he ought to have ascertained the quantity of nitrogen; he should then have measured the quantity of nitrogen eliminated by the different outlets. When the balance between the nitrogen absorbed and that eliminated is properly ascertained, it is only then that one can fairly estimate the results produced by a particular drug or any other substance. This is what was done by M. Beck in the case of a syphilitic patient; the results of this observation were negative, and the deduction was that *iodine* does not act on the composition and decomposition of the tissues. But M. Bouchard declares, on the contrary, that, according to his own personal experience, *iodine* increases the quantity of urea excreted daily, particularly in diabetics. The natural conclusion is that *iodine* is not a destructor of the economy. Professor Sée protests against the conclusions of M. Bouchard, and brings clinical proofs against the arguments of the latter gentleman. Diabetics, continued the Professor, do excrete more urea than a person in health. According to the learned Professor, it was not the *iodine* absorbed that manufactured the excess of urea; it found it in the economy, and it did no more than eliminate the urea, just in the same way that it draws away all that it meets with in its course. If in syphilitics it meets with mercury, the *iodine* favours its expulsion in forming an iodo-mercuro-albuminate; if, on the other hand, the mercury is combined with the blood, muscles, bones, or nervous tissue, the *iodine*, in regenerating all the vitiated molecules, expels the mercury indirectly by the formation of new elements.

“The following is a summary of the therapeutic applications of *iodine*:—

“It is employed to eliminate all the poisons which may impregnate the economy—syphilis, mercury; it has also been employed as an eliminative in gilders' and lead poisoning, and in arsenicophage.

"The mucous and serous membranes are modified by *iodine*, and it is given in asthma, albuminuria, ascites, pleurisy, &c. It is employed as a "dissolvant" in glandular swellings, and it produces excellent effects in goitre; but it also exercises a certain influence on the breasts and testicles, which it atrophies. It is useful in a great number of chronic affections by dissolving certain products which it eliminates; thus it is employed in diabetes, scrofula, syphilis, &c.

"In fine, *iodine* is a most useful drug, but it is a two-edged instrument, difficult to deal with. It is a local 'atrophiant;' it has no ill effects on the general health; it is a '*revivificateur*,' like oxygen."

The following occurs in the *B. M. J.*, April 25th:—

"*Hydrate of Chloral in Incontinence of Urine*.—Dr. E. VECCHIETTI, in a communication made to the Medico-Physical Society of Florence in December last, after citing the observations of Thompson, Bradbury, and others, on the use of hydrate of chloral in nocturnal incontinence of urine, relates five cases of the malady occurring in his own practice. All had been treated unsuccessfully; and all the patients recovered under the use of rather less than half a gramme (about $7\frac{1}{2}$ grains) of hydrate of chloral, given in a little water in the evening; abstinence from drinks being at the same time enjoined. The effect was rapid, and in most cases permanent after taking the first dose. He explains the action of the chloral by supposing that the bladder is under the influence of two sets of nerves, one connected with the cerebro-spinal system and the other with the sympathetic; that incontinence of urine depends on irritation of the bladder at the same time that the sphincter is withdrawn from the action of the will; and that the chloral reduces the exaggerated excitability of the organ."—*L'Imparziale*, March 1874.

In the *Medical Record* (April 15th) the following occurs:—

"*BOUCHUT on the Death of an Infant from using an Acetate of Lead Lotion to the Nipples*.—M. Bouchut (*Gazette des Hôpitaux*, 1873) mentions a case where a lady had used a lotion called 'Eau de Mad. Delacour,' a favourite quack remedy in Paris for sore nipples. She had omitted to wash the lotion off before putting the child to the breast. It was seized with violent colic, and died in a few days with all the usual symptoms of lead-poisoning."

The following, on the method of *Analysing Milk* (*Med. Rec.*, April 15th) may be interesting to our readers:—

"*MACADAM on the Quality of Milk supplied to Towns*.—In carrying on the analysis of milk, Dr. Stephenson Macadam says, the special points which may be determined are—

- (1) Specific gravity of the milk.
- (2) Percentage of cream by volume.

- (3) Percentage of solids by weight.
- (4) „ solids not fat „
- (5) „ fat or butter „
- (6) „ ash in solids „

Where it is possible, all these points should be determined. Some chemists attempt to despise the specific gravity and cream tests, and stand by the solids and fat only; whilst others hold, and correctly so, that the specific gravity and cream determinations are excellent guides when they are properly carried out. Necessarily, when all the points are determined—the specific gravity as well as the solids, and the cream as well as the fat—both parties must be satisfied, as the one affords a check to the other, and double certainty and accuracy of results are obtained.

“The *specific gravity* is best taken by the ordinary specific gravity bottle, holding 1000 grains of water at 60° F. The milk should be agitated previously, so as to mix the fat or cream thoroughly throughout, but care must be taken that the agitation is not so violent as to incorporate air-bells with the milk. The temperature of the milk at the time should be 60° F. if possible, but, if slightly above or below that temperature, then an allowance of two-tenths may be made for every degree above or below, being added to the weight when the temperature is above 60° F., and being abstracted from the weight when the temperature is below 60° F. The hydrometers which are supplied with the ordinary lactometers are seldom correct, and, moreover, there is greater uncertainty in reading off the exact figure on the stem indicative of the specific gravity. I always employ the specific gravity bottle. Taking genuine milk derived direct from the udders of the cows belonging to three large dairies in the neighbourhood of Edinburgh, I find the specific gravity to range from 1028·4 to 1035·7; the average of forty-four trials with different milks being 1032·20 (water = 1000·00). The variations in the specific gravity of the milks ranging over 7 degrees, undoubtedly indicate a difference in the composition of the milks and in the quantities of the respective components.

“The *cream* is determined in an elongated vessel of uniform width, and graduated at the upper part so as to indicate accurately from 1 to 25 per cent. of the whole capacity. The precautions necessary for the uniform and accurate estimation of the proportion of cream obtainable from milk by this creamometer are (1) that the vessels should be of similar size, so as to admit of the fat-globules rising to the surface with equal facility; (2) that the milk should be taken as fresh from the cow as possible, or that, in contrasting the relative qualities of samples of milk, they should be taken about the same length of time from the cow; (3) that the milk should be well agitated before being placed in the graduated vessel; (4) that the temperature of the

milk should be about 60° F.; (5) that the temperature of the room be kept about 60° F.; and (6) that the respective milks be allowed to remain in the creamometers for the same length of time, say twenty-four hours. Working in this manner, I find that genuine milk throws up a proportion of cream ranging from 6 to $11\frac{1}{4}$ per cent. by volume, whilst the average of forty-four trials gave 7.8 per cent.

“The *total solids* in milk may be readily estimated by evaporating a given weight of the milk in platinum vessels heated on a water bath. A convenient and excellent bath may be constructed from a common iron pot, about eight inches wide and four inches deep, covered with a sheet of copper-plate about ten inches square, which can be kept in its place by a band being cut out at each side and bent down to embrace the pot. Four circular openings are cut in the copper cover, which admit of four flat platinum basins, about two inches in diameter, being set in the bath. The square corners of the copper cover form a hot plate when the bath is in working order. The milk to be tested having been agitated, a portion is poured into one of the platinum basins and weighed. The amount should run from 80 to 100 grains. The basin and contents are then placed on the water bath, and the water kept briskly boiling for at least two hours. Probably to ensure the thorough drying of the residue, three hours should be taken in all trials, so as to have uniformity in the mode of working and greater accuracy in result. The basin and contents are then re-weighed, and the total solids from the given amount of milk are obtained. A calculation then gives the percentage of total solids by weight, and I find that genuine milk gives from 10.57 to 14.54 per cent., the average of forty-four trials being 12.04. There is thus a difference of 4 per cent. in the amount of solids obtainable from samples of genuine or normal milk.

“The *solids not fat* are estimated by taking the total solids contained in the platinum basin, and extracting the fat by ether, at the same time heating gently over a vessel containing hot water. On settling for a minute, the ether may then be decanted off into a small weighed beaker. The ether treatment of the total solids should be repeated other three times, so that the solids are acted upon four times by the ether. On drying up the residue in the platinum basin, and re-weighing, the proportion of solids not fat in the amount of milk employed is obtained, and a calculation will give the percentage. Genuine milk gives from 8.74 to 11.23 per cent. of the solids not fat—the average of forty-four trials being 9.62 per cent.

“The *fat* may be determined in two ways, either by the loss in weight of the total solids as compared with the solids not fat, or by the evaporation of the ethereal solution and weighing the

fatty residue. I do not find the evaporation method so accurate as the estimation by loss. There is apparently some of the fatty matter which escapes over the side of the vessel even when the evaporation is conducted in glass beakers. The difference in weight between the total solids and the solids not fat gives always a higher result and one which I consider is more accurate. Taking, therefore, the loss in weight due to the extraction of the fat from the total solids by the ether, I find that genuine milk gives a percentage of fat ranging from 1.56 to 3.32, the average of forty-four trials being 2.44.

“The *ash in the solid* is estimated by burning off the organic constituents and weighing the residue. In genuine milk the ash ranges from 0.62 to 0.76 per cent., the average being 0.69 per cent.

“In carrying on these researches, genuine milk was obtained in every instance direct from the udder of the cow. My assistant, Mr. William Jack, went to three large dairies and personally took the samples. He inspected the pails before the milking was commenced, saw all the cows milked, and sampled every milk himself.”

In an interesting case of *Epilepsy* recorded by Dr. OGLE in the *Lancet*, May 2, we have the following upon the treatment. It is a pity that when a homœopathic remedy, as belladonna in epilepsy is, is given by an allopath, he should think it necessary, as the result of old prejudices, to give it in such quantity as was done in this case. In spite of this, however, the good effects were marked as compared with those of bromide of potassium.

“The patient was treated by bromide of potassium, increased to twenty-five-grain doses three times a day, and was occasionally purged. After ten days the attacks appeared to be less frequent and less strong; but the bromide was discontinued, owing to the large crop of eruptions on the skin produced by its use. The patient was then placed under the influence of belladonna, twenty drops of the tincture, increased to thirty drops, being given three times a day. This was continued for twelve days, when, owing to sore-throat and inflammation of the palate and uvula with dysphagia, it was given up, under the impression that the drug was the cause of the above ailments. It appeared, however, that decidedly good results had followed the use of the belladonna, as the fits became fewer in the nights, and often absent in the day; and on the eighteenth day after it was first begun the patient's account was that he could bear the left arm to be struck without any fit occurring. He was still suffering from slight irritation, with redness of the throat and some dysphagia. Of late the patient has resumed the belladonna in more moderate doses, and altogether is much freer from the pains and sensations about the left arm, axilla, and side of the

body, and also from the convulsive attacks. As a rule, he notices that one occurs just before going to bed at night. Latterly he has been much troubled by the sensations on the surface of his left arm and side, which rush up to the head, and cause what he calls an 'all-overishness,' but do not result in any fit. He often compares the sensations to those produced by galvanising the surface. There is no redness or any notable alteration of appearance of the skin at any part. The surface of the left side and shoulder, &c., was galvanised, but no attack was thereby produced."

The following remarks by Dr. CLIFFORD ALLBUTT on the *Difficulty of Diagnosis in Empyema*, are worth extracting (*Med. Times and Gazette*, May 9). Dr. A. sets out his subject under the following heads:—

"1. What are the difficulties of diagnosis?

"2. Under what circumstances is operation needed?

"3. What mode of operation is best?

"As to the first question, I hardly think that the difficulties of diagnosis are recognised by us with sufficient clearness. In order that I may not found this statement upon mere impressions of my own, I turn to Dr. Roberts' 'Handbook of Medicine'—a work just issued, which is well compiled, and of which the chapters on the organs of the chest are not behind the rest of the book, to say the least of them. Let me take from page 505 Dr. Roberts' diagnosis of pleural effusions. His points are as follows:—1. Enlargement of the side (which he admits is often absent), with flattening of the spaces—which I venture to say is often absent, or which, if present, is quite as likely to occur under other circumstances—*e.g.*, of intra-thoracic tumour. Cyrtometric measurements, again, are very untrustworthy in persons whose ribs are hard and whose cartilages are ossified. 2. Diminished movement. (This is equally true of intra-thoracic growths.) 3. Vocal fremitus. 4. Fluctuation. (This is a mere curiosity, and is generally absent.) 5. Dulness of percussion. (This, of course, has no distinctive value.) 6. Absent or feeble breath-sounds. As little distinctive as the foregoing.) 7. Friction sounds. (Rarely present in effusion of any degree.) 8. Vocal resonance and ægophony. (Both variable and untrustworthy signs, and often absent.) 9. Displacement of organs. (A consequence also of encroachment by any intra-thoracic growth.) 10. Succussion. (Which of course is only looked for under special circumstances.)

"No. 3 (vocal fremitus) is the only sign, then, to which we can look for any real help in cases where we have to decide between pleuritic effusion, aneurism, intra-thoracic cancer, or pleural hydatid. Practically, aneurism is usually betrayed by other signs; and hydatid, when it occurs, may be treated as a fluid

effusion. But between intra-thoracic growths and effusion the diagnosis is often difficult, sometimes impossible. Suppose, for instance, the growth to start from the root of the lung and to compress the lung from below upwards, and so invade the whole side of the chest; how are we to distinguish it? In such cases vocal fremitus may help us if the bronchial tubes are not wholly occluded; but in the first place they often are, and in the second place vocal fremitus is of no use in feeble persons, or in persons whose voices are hoarse or whispering—and such conditions are common enough. That these difficulties are not merely speculative my own experience abundantly testifies. Not to speak of pneumonic consolidation, three times at least I have been distinctly wrong in diagnosing pleural effusion when intra-thoracic tumour was present, and many times my doubts have only been removed by the results of exploration. Pleuritic effusion, be it remembered, will occur often enough in middle-aged and cachectic persons, and in them the previous history is of little use. Nor is it so simple as hospital practice would teach, to make explorations. To tap the chest is to the sensitive persons we meet in private practice an 'operation,' and a 'dry tapping' is so far a failure, however good may be the operator's collateral skill in 'putting things.' To tap the chest requires, of course, certain preparations for the reception of fluid should this be present; and although surgeons may call it painless, I have seen few patients who have borne it without much wincing. In these difficulties Dr. Ringer's use of the hypodermic syringe seems to be a very great help. It may not be new to others, but to me it is quite new, and a very happy suggestion. But let it be remembered that one puncture may not decide the matter. Even when fluid is present it may not appear at first, and to give a diagnosis of cancer after one dry puncture might be a sad blunder, as the following case will show:—

"In the early part of 1873 I saw the Rev. Mr. M. with Dr. Blythman, of Swinton. His age was sixty-two, and he had been a very vigorous man up to some eight weeks before Dr. Blythman's attendance. Being unaccustomed to take care of his health, he had neglected to call in any help, and on Dr. Blythman's first visit the left side of the chest was almost wholly dull. Shortly afterwards we met in consultation, and we had to decide between pleuritic effusion and cancer. Cachexia, loss of flesh, time of life, and some points in family history made cancer not improbable. His voice was loud and firm, and vocal fremitus was absent over the dull region. We pronounced in favour of fluid, and, as tapping was dreaded by the family, we determined upon a course of medicine. I have long taught that the results of the treatment of important pleuritic effusions by medicine are very bad, and I regret that we did not at once overbear the

timidity of Mr. M.'s wife and daughters. As the patient lived far away from Leeds, an interval of perhaps three weeks elapsed before we met again; we then arranged to tap the chest, but again some little time elapsed before we met for the purpose. Weiss's newer aspirator was used. The operation was an anxious one, on account of the patient's position in life and of the solicitude of a large family, so that our embarrassment was great when no fluid followed the puncture. Dr. Blythman had inserted the needle in the axillary line between the seventh and eighth ribs, and he now cleared the needle repeatedly, and altered its depth and inclination, but to no purpose. He then removed the needle, and reinserted it with a sharp plunge, but to no purpose. This was a *mauvais quart d'heure* for both of us, not to mention the patient. We now rapidly reconsidered the history and the symptoms, and determined to operate again. Dr. Blythman accordingly made an incision through the muscles of the back, and inserted the trocar about two inches below the spine of the scapula. To our relief, serum flowed, and about four pints were removed. The heart, which had been much displaced and embarrassed, was relieved, and the patient did well for a time. The chest, however, refilled, and two or three weeks later the patient died suddenly of syncope the day before I had arranged to meet Dr. Blythman again with the view of repeating the operation. Without a good deal of firmness on one part, and of generous confidence on the other, the first puncture would not have been repeated, and the patient would have died under a diagnosis of cancer.

“ Did space permit I would record a case in which the converse state existed. A boy, aged twelve years, was tapped for me by my colleague, Mr. Jessop, under the unhesitating belief of us both that there was pleuritic effusion. The history was not unlike gradual effusion; it was left-sided, the heart was displaced, the spaces were flattened, there was no vocal fremitus, and the absence of breathing was from below upwards. We tapped unsuccessfully several times, and the post-mortem revealed a large malignant growth springing from the spine. Operation apart, diagnosis in this case was simply impossible. The cases in which diagnosis between pneumonic consolidation and pleuritic effusion proved far from easy are of course more numerous; and if breath-sounds are absent towards the base, as may be the case, and if at the same time vocal fremitus cannot be obtained anywhere in the chest on account of illness or defective voice, then nothing less than Dr. Ringer's syringe will suffice for a decision. But this is unfortunate, for, in private practice, not young ladies only, but others also, will think it strange that a physician cannot make up his mind without plunging an instrument into their chests. I must not be

delayed, however, by these considerations any farther than to refer to page 416 of Dr. Ringer's essay (*Practitioner*, December, 1873), where he makes mention of difficulties of diagnosis between effusions and some forms of chronic phthisis.

"It is to be hoped, therefore, that teachers will beware of speaking too confidently of the ease of distinguishing pleuritic effusions before students, who, at the outset of their own experience, may be dismayed by an unexpected dilemma." D. D. B.

NOTABILIA.

THE HAHNEMANN SOCIETY OF MADRID.

THIS Society has offered prizes for essays on the following subjects:—

1st. On Cellular Pathology in its application to Homœopathic Therapeutics.

For the best essay on this subject the Society offers a prize of 2,000 réals (£ 20 : 16 : 8), with the title of Corresponding Member, and the publication of the essay in the official journal. The author of the second—or commended—essay will receive the title of Corresponding Member, and his contribution will be published in the official journal.

The second prize is offered by Dr. Anastacio Alvarez Gonzalez, a member of the society. The question proposed is—the mode in which spontaneous cures take place in the human organism, and the nature of the relation subsisting between the force which accomplishes them and that of medicinal dynamisation.

In this instance the sum to be awarded consists of 1,000 réals, or £ 10 : 8 : 4, together with the title of Corresponding Member and the publication of the MS. The author of the second best essay will be made a Corresponding Member, and have his essay published.

The third prize is offered by Dr. Vicenti Quérol, a member of the society, for the best essay on the pathology and homœopathic treatment of the endemic diseases of the Island of Cuba. The prize in this instance amounts to 1,100 réals, or £ 11 : 9 : 2, with the same honorary distinctions as in the two previous cases. The author of the second essay will receive 500 réals, or £ 5 : 4 : 2, and similar honorary distinction.

If either of the authors should happen to be corresponding members at the time of the award being made they will receive the title of honorary member in addition.

The MSS. must be written either in Spanish, Portuguese, French, Italian, English, or German, and be addressed to the General Secretary of the Hahnemann Society, 25 Calle del Caballero de Gracia, Madrid, before the 1st of January, 1875.

Each essay must be accompanied by a sealed envelope containing the name and address of the author, and bear on the outside a motto corresponding to that attached to the essay.

The envelopes containing the names of the unsuccessful candidates will be burned without being opened. All MSS. sent will become the property of the Society.

The prizes will be distributed on the 1st of April, 1875.

This notice is signed by the General Secretary, Dr. Paz Alvarez.

AN APOLOGY FOR MEDICAL PLAGIARISM.

In concluding a copious extract from Dr. DUDGEON's address at the Congress, the *Chemist and Druggist* makes the following criticism :—

“ We venture to make this remark on Dr. Dudgeon's address. If it proves anything, it proves too much ; it indicates that there is a wide-spread conspiracy on the part of the orthodox part of the profession to keep down what they or their leaders well know to be ‘the truth.’ Such an argument is manifestly absurd, and homœopaths would show their wisdom by making less use of it. Even allowing the somewhat fanciful claims which Hahnemannites modestly set up, that anyone who employs a medicine which is in their materia medica is indebted to them for it, it does not by any means follow that Harley, Wilks, and Ringer are bound in honesty to come forward and declare themselves homœopathists. They may agree with homœopathists to a certain degree as to the medicinal virtues of aconite and belladonna, but that is surely no reason why they should accept the theory which covers and limits and comprehends all homœopathic thought. The less does not include the greater, and homœopaths are yet very far from having given us sufficient proof of the exactness of their major proposition. Finally, let it be remembered that the picture, however amusing, of a groping, fumbling profession, though true as a caricature, is by no means true to history. It is easy enough for a man of ability to draw such a sketch, but real advancement in this, as in other regions of thought, is not dependent on shrewd guesses, nor on smart declamations, but on long, painful, laborious, and often imperfect work.”

In reply to this we have to say we do *not* argue that any one who employs a medicine which is in our materia medica is indebted to us for it. But this we do say, that men who, like Harley, Wilks, and Ringer, commend the employment of certain medicines in conditions in which homœopathists—and they only—have employed them for half a century—who studiously

ignore our claims to priority in the use of them—who uniformly declare, either directly or indirectly, that we are knaves and quacks, &c., because we have so employed them—who persist in asserting that the principle which first directed attention, not to those medicines, but to the mode of prescribing them, is a delusion and a snare—who reject our claims to the ordinary fellowship which is accorded to members of the profession, for the sole reason that we, as far as we are able, select all medicines on the very same principle which dictated the use of those they so much laud and magnify,—we say that men who act thus are engaged in an “illogical and insincere opposition to us.” And we further assert that they are bound, in honesty, to come forward and tell us where they got these therapeutic facts from. The *Dublin Medical Journal* has put this very pertinent question to Dr. Sidney Ringer, but Dr. Ringer, wise in his generation, has not seen fit to answer it.

We contend that, with the almost daily increase in the adoption by the profession at large of that method of prescribing drugs which has brought so much contumely on a small section of the profession, the refusal to meet us in consultation at the bedside of the sick, to admit us to medical societies, to decline to receive our contributions to medical literature in the medical journals of the day, to protest against our filling public professional appointments, is utterly dishonest. It is a course of conduct which no other profession but the medical would persist in.

We do not desire that Harley, Wilks, and Ringer should declare themselves homœopathists: we would much rather that the distinction should die out; but we do demand of them that they should cease to play the rôle of the mere plagiarist, and that they should give honour unto whom honour is due—that they should no longer deny to those who they now know to have been right, at any rate to a certain extent, that recognition of professional brotherhood to which they are entitled.

AN APOLOGY FOR UNPROFESSIONAL CONDUCT TOWARDS HOMŒOPATHIC PRACTITIONERS.

THE *Medical Press and Circular* of the 19th ult. quotes the following passage from Dr. Dudgeon's “Address,” and appends to it a commentary on which we have a few remarks to make.

“ ‘What does this exclusion and professional excommunication of homœopathists mean? It means that a majority of the profession allege that some of their colleagues who possess the same qualifications as themselves, who have been educated at the same schools and walked the same hospitals, are unworthy to be regarded as members of an honourable profession—are, in short, immoral individuals, with whom it would be ignominy to

associate. And why? Because this excommunicated minority, taught by careful experiment, are convinced that many diseases are best treated by medicines which direct experiment shows are capable of acting on the same parts as are affected by the disease—a rule of practice which the majority only acknowledge in the case of a few diseases, as they have no experience either for or against the validity of the rule beyond these few diseases. The most exalted virtue could scarcely contend that there was aught of immorality in the belief that a great many—instead of only a few—diseases are best treated by medicines that act similarly to the morbid cause; and yet it is for so believing that we are treated by our colleagues in a so-called liberal profession as though we were guilty of some unpardonable moral delinquency.'

"We are obliged to characterise this statement as a gross misrepresentation, indefensible in any speaker who was presumed to be acquainted with the utterances of professional journals on the subject. The medical profession does *not* refuse to associate with homœopaths for any such reason, but, on the contrary, regards with the most perfect toleration the theory and practice of *similia similibus*. They regard it as unscientific and illusory, but they do not take upon themselves to say that its practice is the result of anything else than a delusion. But they cannot say as much for the practice of infinitesimalism, which, the occasion obliges us to state plainly, they regard as a false pretence, the employment of which disentitles any person to associate with them.

"Medical men can imagine that homœopaths may honestly believe in the *similia similibus* theory, but they cannot be expected to conceive that the majority of the fraternity honestly believe in billionths, and they are therefore obliged to conclude either that homœopaths treat disease by effectual therapeutics under the pretence of giving infinitesimals, or that they pretend to treat disease by infinitesimals, well knowing that they are not treating it at all. This is the reason for the exclusion of homœopaths by the profession. It is for the public to say whether an injustice is thereby done to them."

On our part we have to characterise this commentary as indefensible in any editor of a medical journal who may be presumed to be acquainted with the utterances of professional periodicals upon the subject to which it relates. Times without number has the principle of similars been ridiculed by the allopathic medical press; and only so lately as last May did Dr. Moxon, in the *British Medical Journal*, single out this principle as "pretentious and vain," as "puerile," as having no "apprehensible meaning!" And now the *Medical Press and Circular* would have us believe that the medical profession regards with

the most perfect toleration the theory and practice of *similia similibus*! The anathemas of the allopathic medical press, we reply, have throughout the entire controversy been directed against *homœopathy*.

Homœopathy consists in selecting medicines according to this law of *similars*, and it consists in nothing else. It is true that the dose of medicine given in accordance with this principle must be smaller than one prescribed on another and opposite basis. That was admitted as a necessary consequence of being guided by it by Jörg of Leipsic many years ago. How much smaller is a simple matter of experience. Experience, and experience alone, has taught those who have been guided by this law in prescribing that infinitesimal doses are effectual. Those who have never tested the sufficiency of infinitesimals so given, have the presumption and insolence to describe them as a "pretence!" They tell us that men who use them know well that they are not treating disease at all. Such an assertion is a foul libel. It reminds us of a passage in the *Dublin Medical Press*, in which the editor says: "Practitioners of homœopathy are neither more nor less than medical swindlers, taking money under false pretences." Such writers have, however, too keen a sense of the justice of the Bench to risk describing any individual homœopath in these terms!

In all the attacks upon homœopathy we never remember—save in one instance—any exception being made in favour of the principle. No, all homœopaths were "swindlers," whether they prescribed globules or crude drugs. Indeed, the latter have often been pointed out as worse than the former, and charged with doing one thing when they pretended to do another!

ALLEN'S ENCYCLOPÆDIA OF MATERIA MEDICA.

WE are glad to be able to announce that this very important work is proceeding with all the rapidity that the care which is being bestowed upon it admits of. The subscription list is sufficiently lengthy to ensure publication. It will carefully exclude most of the symptoms observed in sick people and all toxicological symptoms noted *after* antidotes have been given, or which have resulted from mixtures of doubtful composition.

Dr. R. Hughes is rendering valuable assistance in revising the original sources of such of the symptoms as can be traced. That this is being done will, we are sure, add greatly to the reliability of the work. In short, no trouble is being spared to render this edition of our *Materia Medica* as trustworthy and complete as possible.

We hope that our colleagues here will show their interest in this undertaking by subscribing to it liberally.

HOMŒOPATHY IN GERMANY.

WE have received from Dr. C. A. BACON of New York, who is at present travelling on the Continent, the following interesting account of the recent meeting of the Homœopathic Central Society of Germany:—

“The meeting was held on Sunday the 9th and Monday the 10th inst. In Germany, Sunday is the day for doing all the odd jobs, but not at all a day of rest. Your true German finds Sunday in England a fearfully tiresome day. The first day was given to business, and I did not attend. On Monday, immediately after the meeting had been called to order, the President read his address, which gave a general review of homœopathy at home and abroad. The other papers and addresses were simply the reports of hospitals and of the library in Leipzig. There was one hospital in Leipzig, one in Buda-Pesth, and one in Berlin which reported. They are all private hospitals. In Prague there is a public homœopathic hospital, but there is none in Germany proper. The condition of homœopathic physicians in Germany is not at all satisfactory, and they are appealing with some prospect of success to the Government for recognition, if not support. The ranks can only be recruited from the men educated in the old school, as no physician can practise legally here without having first made his “States Examination.” The student must first pass an examination, in order to gain admittance into the University. Then comes his “Physicum,” where he must stand an examination in chemistry, anatomy, botany, etc. Then he makes his examination for his “Doctorat,” which, if successful, entitles him to receive the title of M.D., but does not give him the right to practise. Then his “States Examination,” lasting several weeks, and made both practically at the bedside, the dissecting-table, or in the laboratory, etc., and also by written answers to proposed questions. If this be passed, and the candidate is settled in practice, he is termed a Bezirksarzt or Kreisphysicus. His subsequent promotions come from the State, and the next higher title is that of Sanitätsrath or Medicinal-rath. Then he may be a Geheimer-medicinal-rath, and above that is the title Geheimrath. To this last title only two homœopaths have attained, Ægidi and Goullon. There are no end of other titles, civil and military, which physicians here obtain and pride themselves in. In Germany there are 500 educated homœopathic physicians, and about 2000 more who are what are here called wild-doctors (wild Aertzte). This will in part, at least, account for a fact which I observed in Berlin. Every drug shop (with few exceptions) had on one side of the door “Allopathic Pharmacy,” on the other side “Homœopathic Pharmacy” posted up; but if you enquire inside for the name of an educated homœopathic practitioner, you generally receive

as answer, "There are none." The hospital in Berlin is a private affair. I called on the gentleman managing it, in order to learn something about it. He claimed to have conveniences for thirty patients, but refused to show me anything of it, on the plea of not having leisure at the time, but refused also to appoint any other time when I might call again to see it. Beside the Central Verein there are three other societies, one in Switzerland, generally holding its meetings at Schaffhausen, and two in Germany proper, one that of Rhineland and Westphalia, the other the Schlesische-Verein. Of the journals you are already well informed. Of the men whose names are familiar to me, there were not many at the meeting. There was old Dr. Schneider of Magdeburg, a disciple of Hahnemann himself; Dr. Kafka of Prag; the President, Dr. Müller of Leipzig; and Dr. Hauszmann of Pesth in Hungary. Equally well known is Dr. Schwabe, the Leipzig pharmacist. With the exception of Dr. Zwingenberg of Berlin, whose acquaintance I made a year ago, the others were unknown to me, even by name. The meeting was a very pleasant one, though by far too short, lasting less than three hours. In the afternoon there was a dinner, at which, according to German fashion, the toasts commence immediately after the soup, and the people talked, as they say in Germany, through one another. The toasts were given as anyone fancied he had something interesting to say, but the speakers often had great difficulty in securing enough quiet and order to be able to make themselves heard. Everybody seemed to enjoy it, and they did so much running round to touch glasses with one another, that before dinner was over there were few there who knew where they had originally been seated."

LONDON HOMŒOPATHIC HOSPITAL.

At the election of a medical officer, in the room of Dr. Leadam, held on the 4th ult., Dr. Burwood was appointed to the post of medical officer in charge of the diseases of women.

OBITUARY.

WILLIAM LEAF, ESQ.

IN our issue of last month we referred briefly to the death of Mr. WILLIAM LEAF, one of the oldest and most earnest adherents of homœopathy. Mr. Leaf was such a conspicuous champion of homœopathy on its first introduction into England, that he deserves something more than a passing notice in this journal. Very few professional men, and certainly no laymen, have done more for the spread of our art than Mr. Leaf. He did not confine his efforts to spending money in this cause, though in this respect he deserves especial honour as the most

munificent patron of homœopathy that has yet appeared. During his career he cannot have given in various ways less than £20,000 towards the advancement of this system. But he gave also time, thought, work, influence; and he incurred much obloquy and reproach in his advocacy. We cannot pretend to present a full account of all Mr. Leaf did—we believe that a more complete memorial of him is in preparation, and will be published shortly. The most important facts we shall, however, endeavour to record.

Mr. Leaf's introduction to homœopathy occurred about the year 1833. He was then very ill—not with any acute disease, but from a chronic disorder, which no treatment he had pursued had at all relieved. At this time he had business relations with M. Arlès-Dufour, then a large silk merchant in Lyons. M. Arlès-Dufour was an earnest and enlightened homœopath, and he induced Mr. Leaf to take some medicines which he himself prescribed for him. The effect of these was so remarkable that Mr. Leaf was encouraged to continue the treatment. He went over to Paris, where Hahnemann was practising, and placed himself under his care. Ultimately he was cured, and retained the health which he then gained up to a very advanced age. It is plain that Mr. Leaf owed many years of life to homœopathic treatment. When he became a patient of Hahnemann's he had a damaged constitution, one which would not have been presentable at any Insurance office, and his life did not appear likely to be prolonged more than a few years. He was then 44 years of age, and he lived to the ripe old age of 84, retaining his bodily and mental faculties unimpaired up to within a short time of his death. If homœopathy had done nothing more than giving to the world 30 years of Mr. Leaf's life, it certainly deserves the gratitude of society. Mr. Leaf was so impressed with the striking results of homœopathic treatment in his own case, that he at once placed his family under the same treatment. He became an intimate, personal friend of Hahnemann; went over to Paris every year to see him, and induced him to sit for his portrait, which is retained as an heirloom in the family. Several of Hahnemann's letters to him also are carefully preserved, with a lock of the venerable master's hair. The letters are in French, with one exception, which is in English. They refer almost exclusively to medical treatment, and have no special interest for the public. They give, however, an incidental illustration of the vigour of Hahnemann's mind, who was able to write with such accuracy and ease in two foreign languages. In the English letter there is scarcely a phrase which betrays the foreigner.

When Mr. Leaf became convinced of the truth of the new system of medical treatment, he was not the man to allow such a conviction to remain as a barren and neglected mental possession. He at once exerted himself to introduce it to his

personal friends, to all members of the medical profession that he had access to, and to the public at large by bringing Dr. Curie over to England to practise it both privately and in dispensaries and institutions which he either founded or liberally supported. He was persuaded by his friend M. Arlès-Dufour to bring over Dr. Curie in the year 1835. Dr. Curie resided in his house for about a year till he could speak English well enough to practise. Mr. Leaf then guaranteed him a handsome income till he was able to make his practice remunerative. Owing to Mr. Leaf's help Dr. Curie was soon engaged not only in extensive private practice, but also in conducting several dispensaries for its more general introduction to the public. His first effort of this kind was at his own house in Finsbury Circus. This continued about two years. Then he separated his dispensary work from his private practice by taking rooms for the dispensary in St. Martin's-le-Grand, and in Ely Place, Holborn. When Dr. Curie removed to the West End he continued to attend at Ely Place till the Hahnemann Hospital was founded in Bloomsbury Square. This was done chiefly at Mr. Leaf's expense, and he was at the same time contributing liberally towards the Homœopathic Institution in Hanover Square. During the whole of the rest of his life he was a liberal supporter of homœopathic dispensaries both in his own neighbourhood, Brixton and Streatham, and in distant localities.

In this work Mrs. Leaf co-operated with him most energetically. They established a dispensary indeed at their own house at Streatham, which Dr. Curie attended every Sunday, and where poor people and even cattle and horses belonging to their neighbours were treated. Mrs. Leaf would dispense the medicines as Dr. Curie prescribed them, and in this good work the Sunday afternoons were very actively employed. Mrs. Leaf also regularly every week visited the Hanover Square Institution, and encouraged her friends also to inspect the results of the treatment pursued there.

But Mr. Leaf did more than contribute liberally towards the support of these different institutions. He studied homœopathy in the French works which were at that time the only expositions of it accessible to him. He became very skilled in the practice of homœopathy; that he should have become so is the more remarkable when we consider that this was only a subordinate pursuit, and that he was actively engaged in conducting a large business at the same time. Doubtless Dr. Curie assisted him in any difficult case that he undertook the charge of, but his own study rendered him to a great extent independent of such help. He had a number of patients at Eastbourne, who came to his house there for assistance. No trouble was too great for him; no effort was spared in order to spread the knowledge of what homœopathy was and could do. On more

than one occasion he took a journey (not a railway journey then) to Worthing, and other distant places, merely to help poor invalids whom he was trying to benefit.

As Mr. Leaf became better acquainted with the resources of homœopathy, he was unceasingly anxious to induce medical men to study and practise it. Doubtless he first looked at their relation to homœopathy from a business point of view. As a man well versed in commercial transactions he knew that rapid, brilliant and lasting cures would add to the reputation and increase the practice of any medical man who could effect them. He was therefore very earnest in bringing it under the notice of his medical friends, being well assured that it would prove a commercial success to any medical man who could master it and practise it with skill. He naturally thought that he had only to point out this medical El Dorado to his professional friends to induce them at once to appropriate its advantages. He was not prepared for the opposition which he encountered. He thought only of the truth and value of the new system, its power to alleviate suffering and prolong life, and make life itself more fruitful in all good results. And he naturally thought that his medical friends would also keep these aims paramount over all lower considerations. But to his cost he found that the love of truth and the desire to cure disease and relieve pain and weakness were not always the supreme influences in the medical profession. His earnest advice was repelled with anger and contempt. Many of his friends despised him as a fanatic or a madman, and for many years he was exposed to an amount of reproach and social obloquy that would have daunted a less resolute nature. Doubtless this was a kind of experience well fitted to bring out and ripen all the best qualities of his nature. A man of wealth has every inducement to shirk the battle of life and enjoy the ease which affluence places within his reach. Mr. Leaf was delivered from this snare by his championship of homœopathy, at a time when such advocacy brought with it contempt and reproach even more than it does now.

Mr. Leaf's enthusiasm for homœopathy led him to write a pamphlet in exposition of it. It was published anonymously by Leath, and went through several editions. The copy before us, dated 1842, is one of the "fourth thousand." The title is, *Homœopathy Explained and Objections Answered*. This little work of 47 pages is written with considerable vigour and skill. The topics are arranged in an orderly and logical way, and the arguments in favour of homœopathy presented with much force of expression and illustration. As a specimen we extract Mr. Leaf's answer to the objection that the cures of homœopathy are attributable to the faith and imagination of the patient. To this he replies:—

“ The objection here made presupposes that a patient *has*
“ faith in homœopathy, and is thereby cured; the inference
“ therefore is, that if equal faith had been placed in allopathy,
“ that system would equally have cured him. But has not the
“ same amount of faith been accorded to the old school and its
“ adherents? and if so, has it in all, or in the majority of
“ instances, effected a cure? Now, as faith in any system of
“ medicine can only be the result of its works, it is evident that
“ homœopathy must have been successful, or it could never have
“ established the faith. But this objection is indeed exceed-
“ ingly futile: for it is clear that if the success of homœopathy
“ depended upon the faith of the public, it never could have
“ advanced a single step, since by far the greater number of
“ persons who resort to its aid, do so not only without faith in its
“ powers, but absolutely with a prejudice against it, and really
“ have recourse to it as a forlorn hope, after the old school has
“ signally failed to give them the relief which they require.
“ Such, in fact, was my own case, when I first reluctantly con-
“ sented to make a trial of its remedies. I did so, as I have
“ already stated, at the earnest entreaty of a friend, and without
“ the slightest expectation or belief that means apparently so
“ trifling and inadequate could effect any sensible change, either
“ good or bad, upon my constitution. The most beneficial effects,
“ however, were produced, and upon these effects my faith has
“ been built, which faith has been confirmed and increased by
“ every day’s experience.”

And then he proceeds to notice the efficacy of homœopathy in the diseases of the lower animals and children, where faith is necessarily absent.

Mr. Leaf was born March 21st, 1791, and died July 3rd, 1874, in the 84th year of his age. He had eleven children, two of whom died in infancy, four died after they were grown up, five survive him. At the time of his death he had 42 grandchildren, having lost three, and eight great grandchildren. He was a warm hearted benevolent man—not wearing, however, all his good qualities on the surface, for it was necessary to know him well to find out all the tenderness and sympathy that were often disguised by a somewhat blunt and reserved manner. Indeed we have sometimes found that his feelings were often in the inverse proportion to his expression of them, so that you only discovered how deeply his sympathies were stirred by the acts of benevolence which they prompted. Often, however, he would unburden himself of the wealth of his inner feelings by writing what he would not trust himself to speak. He was a devout Christian man, and the faith which prompted his good deeds sustained him in the heavy sorrows which the loss of his children caused him, and made his last hours tranquil and triumphant.

W. C. LORD, ESQ.

THE late Mr. LORD was the son of the Rev. John Lord, the Rector of Mitchell's-town, Co. Cork. He was educated for his profession at the Edinburgh Veterinary College, of which the late Professor Dick was the Principal, and if we mistake not the founder. Here he obtained the first medal of the Session 1841-42. After being admitted a member of the Veterinary College, he obtained a commission in the army with which he served for twenty seven years. His first regiment was the 17th Lancers, and he was subsequently attached to the 14th Light Dragoons, the 5th Lancers, the Cavalry Dépôt at Canterbury, and finally the 9th Lancers. From this last corps he retired on half-pay in 1869, and commenced practice as a Veterinary Surgeon in London.

To Mr. Lord belongs the distinction of having been the first practitioner of homœopathy in the British Army. While serving with the 5th Lancers in India he contracted dysentery, and was obliged to return home. His health was much broken by disease, and though receiving the professional aid of some of the most experienced physicians in the treatment of tropical disorders, little or no relief followed, and his recovery was almost despaired of. At this time, about sixteen years ago, homœopathy was brought under his notice, and he was induced to place himself under the care of Dr. Tuckey of Canterbury. He now speedily improved, the dysentery was checked, and his health comparatively restored. Having obtained such strong personal evidence of the value of homœopathy, he resolved on testing its efficiency in the diseases of the horse. At the dépôt to which he was attached he had ample opportunity for doing so. He received the consent of the Head of the Veterinary Department of the Army to make the experiment, but during several years he had to procure such drugs as he might require at his own cost. In 1864 the Principal Army Veterinary Surgeon granted his request for the supply of such drugs as he needed at the government expense. Within a year afterwards the same officer desired that quarterly reports of the results of the treatment pursued, should be furnished to him. In these returns Mr. Lord added in several instances, the full details of some of the more important and instructive cases. In this *Review* for 1868 and 1869, several papers containing the records of cases reported to the Principal Army Veterinary Surgeon are published, together with pathological and therapeutic remarks, which fully proved Mr. Lord's intimate knowledge of the diseases with which he had to deal, and of the treatment they required.

For eleven years did Mr. Lord make homœopathy the basis

of his treatment of the horses under his charge, and during the last five of that period, with the fullest approval of his superior officer. On leaving the service in 1869, Mr. Lord received from his commanding officers many warm expressions of their regret at the loss of his services, together with gratifying testimonials of his professional ability.

He commenced private practice at White Horse Street, Piccadilly in 1869, and rapidly secured a large and influential circle of clients, by whom his thorough knowledge of horses and of the treatment of their diseases was much appreciated.

Mr. Lord some years ago commenced, and nearly completed a treatise on Veterinary Surgery. His ill-health and incessant professional engagements, prevented his being able to see it through the press. We trust however that the valuable experience he obtained may not be lost, and hope that the MSS. which we believe exist may yet find their way into type.

During the last three years intestinal disease returned, and cancer of the rectum became established. From the effects of this he died on the 26th of June, in the 52nd year of his age.

Mr. Lord was a kind hearted, generous man, thoroughly devoted to his profession, and ever earnest in pressing on all around him, the value of homœopathy in the treatment of all forms of disease, whether human or equine.

He is succeeded in his practice by his son Mr. R. P. G. Lord, M.R.C.V.S. of London, who has been most carefully and thoroughly trained for the duties of his profession, and has imbibed no small share of his father's skill in homœopathic treatment.

CORRESPONDENCE.

VIVISECTION AT THE MEETING OF THE BRITISH MEDICAL ASSOCIATION AT NORWICH. ABSINTHE AND EPILEPSY.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—During my recent visit into Norfolk, I happened to be in Norwich at the time when the British Medical Association was holding its meetings there.

On Friday, the 14th of August, I was in the reading-room of the Norfolk and Norwich Club, when a gentleman present gave us the following narrative :—

He had been, on the previous day, at one of the meetings of the association, when a French doctor performed the following experiments upon two dogs :—He tied the dogs up by the four legs, spread-eagle fashion. He also tied their mouths tightly so

as to prevent their howling. Then he dissected the femoral vein and injected into the one dog alcohol, and into the other absinthe. The dog into whose veins alcohol was injected soon became insensible and died; the dog into whose veins absinthe was injected became convulsed, and had an epileptic fit of long duration, from which, however, he recovered.

I afterwards called on the local secretary of the branch of the Society for the Prevention of Cruelty to Animals, and enquired whether it was his intention to prosecute the operator or spectators of this piece of very needless cruelty. He told me that it would be too expensive a proceeding, but that he would willingly furnish me with full particulars if I would ventilate the subject in the public papers, which I have done.

It seems that a veterinary surgeon was applied to for two dogs and two cats for the purpose of undergoing some medical experiments, and was assured that they should not be subjected to any cruelty. The operations were performed by a Dr. Magnan, of Paris. The dogs alone were injured; the cats were not operated on.

As soon as the dogs were tied up a Dr. Tuffnell entered a strong protest, and proceeded to cut the tapes with which one of the dogs was tied, when there ensued "quite a scene; the matter was, however, put to the vote, which was carried in favour of the continuance of the operation."

Dr. Tuffnell and Dr. Copeman protested against these proceedings.

It is with much regret that I heard that Sir James Paget was one of those who gave the sanction of his presence to these proceedings.

I have already sent letters to two of the morning papers recording these proceedings, and it is to be hoped that the bare relation of the facts will elicit such an expression of public opinion as may prevent any further outrage of the kind on our nineteenth century civilisation by so-called men of science.

I have only to add my own personal feeling that experiments into the physiological action of drugs thus conducted have not even the excuse of practical utility on their side. I believe such experiments to be of little value as compared with those conducted by the administration of medicinal drugs by the mouth, and these latter are not cruel nor injurious to the same degree as these operations.

Absinthe and alcohol taken by the mouth induce certain symptoms, with which we are already well acquainted.

Introduced through the veins their toxical effects are no longer to be studied as pure effects, but, in the cases before us, they are a compound of agony, terror, and absinthe or alcohol, as the case may be.

Bound tightly up, and scarcely able to breathe, terrified and

pained, the dogs might fairly have had fits or have been asphyxiated without the alcohol or absinthe.

Medically, I believe the experiment valueless; morally, I believe it to be unjustifiable. Yours, &c.,

WILLIAM BAYES, M.D.

58, Brook Street, Grosvenor Square. W.

NOTICES TO CORRESPONDENTS.

••• We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. BAYES, Dr. MORRISSON, Mr. R. P. G. LORD, Mr. TRUEMAN, and Mr. F. W. GROVES, London; Dr. HUGHES, Brighton; Dr. SCOTT, Tunbridge Wells, &c.

Dr. BERRIDGE.—Your letter is in type and shall appear in our next. "LOCUM TENENS" must send us his name and address, in confidence, before we can publish his letter.

BOOKS AND PERIODICALS RECEIVED.

The Diseases of Women Homœopathically Treated. Second Edition.

By T. R. LEADAM, M.D., &c. London: E. Gould & Son. 1874.

Homœopathy in Venereal Diseases. By S. YELDHAM, L.R.C.P. Ed., &c. Third Edition. London: H. Turner & Co. 1874.

Sulphur in Iceland. By C. C. BLAKE, D.Sc. London: E. & F. N. Spon. 1874.

Die Pocken und ein heil-und Schutzmittel dagegen, von LUDWIG DEVENTER. Berlin, 1873.

Transactions of the British Homœopathic Congress, 1874. London: H. Turner & Co.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Philadelphia. 1874.

Ophthalmology and other Modern Sciences. By T. P. WILSON, M.D. Cincinnati. 1874.

The Chemist and Druggist, August. London.

British Pharmaceutical Conference Chemist and Druggist. Special Issue. August 1874.

The Hahnemannian Monthly, June, July, and August. Philadelphia.

The Medical Investigator, July. Chicago.

The American Homœopathic Observer. Detroit. 1874.

The American Journal of Hom. Mat. Med., June. Philadelphia.

The Cincinnati Medical Advance, July. Cincinnati.

Bulletin de la Soc. Méd. Hom. de France, July and August. Paris.

Bibliothèque Homœopathique, July. Paris.

Revue Homœopathique Belge, July and August. Brussels.

Internationale Hom. Presse, Bd. IV. Hft. 7. Leipsic.

Allgemeine Hom. Zeitung, August. Leipsic.

El Criterio Médico, July. Madrid.

El Anfiteatro Anatomico Espanol, March, April, and June. Madrid.

Rivista Omiopatica, June and July. Rome.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E., or to Dr. H. NANKIVELL, Penmellyn, Bournemouth. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

DR. ROSS ON THE ACTION OF STIMULANTS.

WHEN Dr. Hughes Bennett and the Edinburgh Committee, of which he was the convener, issued their report on the action of mercury upon the secretion of bile, its effect was to confirm in their faith those stout anti-mercurialists of whom the Edinburgh University had been the Alma Mater, to puzzle that not very clear-sighted but still solid and respectable individual—the general practitioner, and to amuse by its very naïvete those medical men who, in evil report and good report, were maintaining and professing a belief in the doctrine of similars.

Our anti-mercurialist friends had sat under the convener of the committee, and had followed him in his critical peregrinations around those old clinical wards where the memory of Cullen lingered, but which are now themselves among the things of the past. They had learnt that Paracelsus, an eminent quack of his time, had been the inventor of mercury—at any rate, in its officinal forms; they had learnt that father and son—professionally speaking—had ever since used it for no other reason than that of habit; but now, *nous avons changé tout cela*, Dr. Bennett had upset the credit of mercury, and it was never to be prescribed again. It was all very well for Dr. Alison to theorize about the change of type in disease,

but here before their eyes the professor of clinical medicine was actually curing iritis without the help of this hated drug, and only taking six weeks about it—a result most gratifying even to the then good-natured ophthalmic surgeon of the infirmary. So it could not but be reassuring to those gentlemen who in private practice had stuck to their old teacher's views to find them confirmed beyond expectation by these experiments. Not only was primary syphilis best cured without this pernicious mineral, but its great sphere of action—the liver—was at last wrested from it, and there would be no longer the ghost of a provocation to prescribe it as an ingredient in some mild and fashionable dinner pill.

But to the mass of country practitioners and town physicians this report of the Edinburgh Committee brought mere confusion of mind. Ever since their license to kill had been obtained, mercury was the one cholagogue that they had always prescribed, and which, truth to tell, had seldom failed them. The American “vegetable mercury” had, it may be, proved itself a tolerably vigorous rival, but its action was apt to be too drastic and irritating; and “grey powder” or “calomel,” as the case might be, remained with them the favourite. But now Hughes Bennett and his Committee had upset the very foundations. There was no longer to be even a polite *skepsis* as to the virtues of this drug, since it was proved rather to decrease than to increase the hepatic secretion, and the deduction, of course, in the brains of men who took their homœopathy from the *Lancet*, was that such an action could be of no possible value in torpidity of the liver. Still their practice must go for something, and the experience of twenty years was not to be brushed on one side by the mere report of a committee; so our friends determined to rely once again on the well-known cholagogue, and we presume that the majority must have found that even after the issue of that remarkable report mercury continued in suitable cases to re-excite the hepatic function.

As to there being any vital connection between the Edinburgh report and the practice of most medical men—between, that is to say, the physiological action and therapeutic uses of mercury—there were certain pertinent remarks made by two or three so-called sectarian magazines, and by these alone. This *Review*, for instance, in the number of February, 1871, called attention to the facts of the case, and stated that “they constitute a very complete illustration of the truth of the principle, *Similia similibus curantur*.” But this view of things was one which, not indeed from its nature, but from surrounding circumstances, would be accepted, discussed, or even read by comparatively few members of our profession. Why such was the case it is not here our purpose to enquire; suffice it to say, that such was the state of affairs. Thus it was that the relations and bearing of Bennett’s experiments on Hahnemann’s dogma have never yet been freely discussed.

It is, however, not without considerable satisfaction that we notice in the *Practitioner* for August last a paper by Dr. JAMES ROSS, which grapples, and that not unfairly, with this relation. Dr. Ross has become known to the profession as a writer who does not fear an abstruse subject, and who rarely fails to throw a certain amount of “dry light” on the matter with which he is dealing. His well-known work on the *Graft Theory of Disease* is the product of a mind capable of close reasoning and sustained argument; and his series of papers on the *Geometrical Method as Applied to Medicine* evince very considerable learning, though the conclusion at which he arrives in respect of the truth or falsity of homœopathy depends therein rather on an abstruse and semi-metaphysical chain of reasoning, than on a keen and vivid appreciation of the simple facts of the case. Dr. Ross’s article on the “Action of Stimulants,” to which we have just referred, is, however, a refreshing instance of candid statement of fact, and of common-sense inductions therefrom,

to which we have been long strangers in the therapeutical writings of the dominant school.

“Irritability” is naturally the first point with which Dr. Ross deals, and he traces down the rise and progress of this doctrine from Glisson, through Waller, Cullen, and Brown, to the physiologists of the present day. Their definitions, and his modification, or rather amplification, of them, we here give in full:—

“Prof. Rutherford’s definition, although by no means free from objections, is as good as any I have seen. ‘I consider,’ he says, ‘that a tissue is irritable, if when irritated it evolve energy.’ Dr. Burdon Sanderson’s definition is substantially the same. Irritability is according to him ‘the property possessed by every living structure whatsoever, of being excited to action (i.e., of having its stored-up force discharged) by some motion or disturbance from without side.’ Stimuli or stimulants are, therefore, those agents which determine the living tissues to energise, no matter what the form of evolved energy may be, whether it be heat, electricity, secretion, growth, nerve force or contraction.”

The laws of irritability are next discussed, and it is shown that whilst a certain amount of stimulus increases the irritability, a stronger stimulus destroys it; in this way acts a galvanic current, so does a pinch to the end of a nerve, so does strychnia on the excito-motor nerve cells of the spinal cord, so even does curara, according to the most delicate experiments of Bernard. Stimulation is followed by stupefaction, increased irritability by lessened irritability, whenever the amount of stimulus is carried beyond a certain point.

Dr. Ross illustrates and endeavours to give a reason for this conduct of irritable matter in the following way:—

“By way of illustration let me imagine half a dozen books about the same size to be placed on their ends in a row; and let the distance between each be half the length of a book. If a mechanical stimulus is applied to the book at one end of the

row in such a manner as to push its centre of gravity beyond its base, the tension of gravity will act upon it so as to make it fall towards the ground; but on meeting the second book in its fall, a similar motion will be communicated to the latter, which will fall in its turn, and communicate a similar motion to the third; and so on till all the books have fallen, overlapping each other, to a condition of stable equilibrium. When this condition is reached the energy of the system is exhausted, and the original stimulus cannot cause any further appreciable movement; and the only condition upon which a similar motion could be evoked by similar means is, that the books be raised again on end, or replaced by others already on end. In either case an equivalent amount of energy to that given out during the fall of our books must be expended, either directly or indirectly, before they resume their previous unstable position. Similarly with regard to protoplasm. When a stimulus determines it to energise, although the store may not be immediately exhausted as in the case of the books of our illustration, yet it soon becomes exhausted unless the store is being constantly renovated from without; and if the stimulus is so powerful as to exhaust the store of energy almost instantly, the irritability of the tissue will be destroyed. The destruction, however, must in all cases be preceded by an evolution of energy in some form, however transient may be its manifestation. But in health the active tissues should manifest continued function; and not merely give out a violent and momentary action to be followed by entire cessation of function; and this orderly display of function presupposes not only expenditure of energy, but constant renewal of the energy so expended. The healthy irritability of a tissue, therefore, depends upon a condition of equilibrium between the expenditure of energy in function and the renewal of that energy from the environment."

This is very clearly and forcibly put, and comes to us from Dr. Ross's hand with all the force of originality. Yet originality these views do not possess, and we believe that Dr. Ross does in no way claim this distinction for them. FLETCHER, of Edinburgh, years ago, held and taught a similar

doctrine, and in 1868 DRYSDALE, in his valuable papers on Specifics, gives in paragraphs an abstract of Fletcher's principles on this very matter (see *Brit. Journ. Hom.*, Vol. XXVI., p. 449). The three first paragraphs read thus :—

“ 1. Irritability or vitality is not an isolated force, but is the property of organized matter, and when acted on by certain stimuli the resulting process constitutes irritation or life.

“ 2. In this process are inextricably bound up together the consumption of irritable matter, deposition or regeneration of similar matter, and the function of the tissue.

“ 3. When consumption and regeneration balance each other, the normal state or health is the result. But when the one predominates over the other, either exhaustion or accumulation of irritability is the effect.”

It is easy to perceive that the views here expressed with regard to stimulus, irritability, tension and energy, are practically the same, and we are sure that Dr. Ross would be the first to acknowledge that, in the discussion of the laws of irritability, Fletcher has not received from him the same consideration that he has granted to Cullen, Brown and others. But we will no longer waste time over what is, after all, the introduction to the real question at issue—the action of stimulants. Dr. Ross says :—

“ But the truth upon which I wish to insist more particularly at present is independent of explanations and hypotheses. Careful observation shows that by far the greater number of the agents used as medicines act first by stimulating one or other of the tissues of the body to expend energy in some form; and when this action is continued, the second effect is to incapacitate the tissue for further action. This relation between the first and second stage of the action of stimulants was noticed by Cullen, who called the primary effect ‘ the stimulant action,’ and the secondary ‘ the stage of collapse.’ Brown called the first ‘ the stage of excitement,’ and the second that of ‘ indirect debility.’ The condition induced by the withdrawal of

the ordinary stimuli, such as the application of cold, was called by him '*direct debility*.' Hahnemann called the two stages respectively the '*primitive effect*' and the '*secondary effect, or reaction*.' But although this law is acknowledged by various writers, both past and present (and no one insists upon it more forcibly than the distinguished French physiologist, M. Claude Bernard), yet it is not commonly recognised in its full significance and generality. The maxim that effects are proportional to their causes is frequently assumed to be applicable to stimulants and their effects. The real maxim, however, is, in Sir John Herschel's words, '*proportionality of the effect to its cause in all cases of direct and unimpeded action*.' But the action of a stimulant is neither direct nor unimpeded."

He then continues his argument, showing that the effect produced depends "much more upon the reaction of the tissue than upon the nature and degree of the stimulant;" and therefore we cannot expect that if a certain amount of good be done with a certain dose, we shall do twice the good with double that dose.

"A tablespoonful of wine every four hours is doing good in this case of fever—the pulse is stronger; but, being still weak, if we double the wine we shall double the result. Four ounces of wine did good in our last case of fever; but in this case the debility is, so far as can be judged, double; hence eight ounces will be required. In this case of syphilis small doses of mercury are doing good; therefore, if the administration of the drug is pushed to the poisonous limit, the disease will to a certainty be eradicated. One grain of calomel and half a grain of opium given every four hours in acute peritonitis is beneficial; but in this case the symptoms are most pressing and urgent, therefore, two grains of calomel and one of opium must be given every two hours. If these arguments were always expressed in distinct formulæ, their falsity would be recognised by all; but although they are not openly expressed, the maxim which underlies them is tacitly assumed in many of our therapeutic reasonings."

Having thus established the doctrine of the double action of medicines, and the opposition which exists

between these two actions from the teachings of Cullen, Brown, and Hahnemann, and from the experiments of Bernard, and having suggested that the true curative action of medicines is contained in the primary action, and therefore of necessity in the small dose, Dr. Ross, having thus first turned its flank, falls on the Edinburgh report and smites it hip and thigh. We give in full the concluding paragraphs of his essay, for, since Dr. Archibald Reith's dissertations on the action of digitalis, there has been nothing of equal weight on this subject published in the journals of the dominant school:—

“In short, throughout the whole argument of the reporter there underlies the assumption, that because a large quantity of the drug either does not increase or diminishes the quantity of bile, *à fortiori* a small dose cannot augment its flow. Suppose that Bernard had adopted a parallel course when investigating the action of curara, what would have been his conclusion? Let us suppose that he administered a small dose of the drug to a frog, and that while testing its effect on the motor nerves half an hour afterwards—(from the rapidity with which it acts, half an hour in the case of curara would probably be equal to a day in that of mercury)—he found, contrary to his expectations, a marked increase of their irritability. In order to determine whether this increase is caused by the curara, let us assume that he doubled the dose in his next experiment, and on applying his test at the end of half an hour, still found slight but doubtful signs of increased irritability. This last experiment, however, on being repeated with another frog, showed the irritability at the end of half an hour diminished and becoming less and less until it was finally annihilated. Such a result might very readily be obtained if the absorption of the drug in the third frog were a little more rapid than in the second. If Bernard were now to conclude that because the comparatively large dose of curara employed in the third experiment did not produce an increase of the irritability at the end of half an hour, therefore the small dose employed in the first case could not have been the cause of the increase found, he would only be making a similar inference to that made by the Edinburgh Committee

in the case of mercury. But the method adopted by Bernard was almost exactly the opposite of the one here sketched out. Instead of increasing the dose given to the first frog, he diminished it still further, and applied his galvanic test earlier than at the end of half an hour. By this method he established, as already mentioned, that the primary effect of a feeble dose of curara is to increase the irritability of the motor nerves. *All the inferences of the reporter of the Edinburgh Committee from the experiments are vitiated by the neglect of the relation which subsists between the primary and secondary action of a drug, and the opposite effects produced by large and small doses.* To my mind, the facts that a strong dose of curara destroys the irritability of the motor nerves while a feeble dose increases it, that a strong dose of alcohol stupifies the brain while a small dose excites it, and that this relation is found to exist between large and small doses of stimulants of all orders, afford good presumptive evidence that since large doses of mercury diminished the biliary secretion, small doses will be found to increase its flow."

Such is the conclusion, and from our point of view the correct one, to which Dr. Ross arrives. His line of argument is everywhere parallel to that on which Hahnemann, Fletcher, or Drysdale would have worked, had they been writing on this subject; and although this is self-evident to those who know the thoughts and writings of these physicians, it is also evident that Dr. Ross's argument has been thought out in perfect independence of their labours. Herein lies its chief value to therapeutics, while its application to the Edinburgh report is valuable for the present and pregnant of good for the future.

We have but to carry out, as Hahnemann did in 1812, the conclusions to which Dr. Ross has now arrived, and apply them to medicines as a whole; we have but to argue that if large doses of mercury diminish the biliary secretion, small ones will increase its flow; that if colocynth causes a colicky diarrhœa in large doses, small doses thereof will restrain the diarrhœa and quiet down the excessive intestinal action; that if belladonna in large doses will produce

dry mouth and throat, small doses will relieve the capillary stasis of these tracts; that if cantharides in large doses induces strangury, in small doses it will relieve these very symptoms; that if turpentine in large doses will produce hæmaturia, in small doses it will check the renal hæmorrhage; we have, in fine, only to recognise that the small dose exciting the primary action will cure that state of disease which is similar to the secondary effect of the large dose, and that this law holds good, generally speaking, throughout the domain of therapeutics, and we then step from the chaos of the old school into the order of the new—we cease to be empirics, and we become rational homœopathists.

For our own part, we sincerely trust that Dr. Ross will pursue his investigations, and carry out his train of reasoning to its legitimate issue. Homœopathy is not the “grave of science”—it is simply the guiding-star of therapeutics, and the amount of work to be done under the guidance of the law of similars is limited only by the number of workers and the time and opportunities at their disposal. It is a matter of congratulation to ourselves that the absorption into the therapeutics of the dominant school of the numberless facts of homœopathic literature is at last bearing its true fruit. It was, and still is, our duty to expose this unacknowledged absorption by whomsoever carried on—history demands this at our hands—but we believe that this task, necessary though unpleasing, may soon be laid on one side.

We defy any unprejudiced mind, of a calibre approaching in any degree that of Dr. Ross's, to avoid, after the perusal of Dr. Ringer's third edition of the Handbook of Therapeutics, these two questions: First, “What are the grounds and verifications of these therapeutic statements;” and, secondly, “Can I, if these statements be facts, hold any longer the idea that homœopathy is a damnable and heretical quackery?” Thinking men will put these questions, as Dr. Ross has evidently done; and we can wait, not impatiently, for the answer.

THE HAHNEMANN PUBLISHING SOCIETY.

THE following "Preface" to the publications of this most important Society, has recently been prepared by Dr. Drysdale and Dr. Hughes. Desiring that it may be as widely read as possible, we have much pleasure in giving it a prominent position in our present issue:—

"The Hahnemann Publishing Society was established on the model of the Sydenham and other similar societies, having the same constitution, and corresponding objects. Its own proper character was, that the works it designed to issue were such as would be specially serviceable to those who avail themselves of the homœopathic principle in the practice of medicine. Hence its name.

"Of works of this kind it was conceived that elaborate treatises on individual medicines held a prominent place. The homœopathic method implies treatment by drugs; and pharmacodynamics necessarily constitute the chief study of its practitioners. It has no lack of collections of *Materia Medica*: but in these time, strength, and bulk concur to forbid any exhaustive presentation of the virtues of the component members of the series. We have to be content, as Hahnemann was, with recording the observed pathogenetic effects of each drug, and indicating in a brief preface some of its therapeutic applications. But as knowledge of individual remedies accumulates, and their pre-eminent value becomes manifest, it is desirable to isolate them for special study. Later observations as to their pathogenetic action have to be inwoven with the original record, and attempts at physiological interpretation to be made; their therapeutic uses have to be summed up, and connected with their effects in health.

"Ordinary publishing is hardly likely to supply us with such treatises as these. Works on *Materia Medica* which will sell must contain compendious accounts of all, or of a great number of, medicines. Nor is printing in a journal a satisfactory plan, for many reasons. It was thus deemed advisable to include a *Materia Medica* of this kind among the undertakings of the Hahnemann Publishing Society. Arrangements of various medicines were to be made, and issued as they were completed; therefore at irregular intervals. Also, as the choice of a medicine to study is not determined by its place in the alphabetical series, it

was settled that each treatise should be paged separately. When a sufficient number to form a volume has been issued, then they might be bound alphabetically.

“ In designating this series the ‘ Hahnemann *Materia Medica*,’ the same is meant as when the Sydenham and Harveian Societies are so called. It does not pledge the work to any exclusive following of Hahnemann’s doctrines or method. But it indicates that its object is that to which he devoted himself; and it honours him as the great pioneer in the undertaking. It means, also, that its writers intend to imitate him in making a full, fair, and free study of the whole action of every drug they take in hand. They will take facts from every quarter where they can rely upon *bond fides*, and have assurance of competence and carefulness. They will not follow some recent experimenters in neglecting subjective symptoms, still less in ignoring the rich collections of these which are to be found in the ‘ provings’ of the so-called homœopathic school. But, blending objective and subjective, effects of large doses and of small, cases where the medicine is given homœopathically and where it is given allopathically, they hope to furnish the whole body of extant knowledge concerning each drug, and in such form as that it shall be available to practitioners upon every method and upon no method. Such must be, they apprehend, the *Materia Medica* of the future; and towards it the treatises here offered are a humble contribution.

“ It is thus the object of each writer to present a picture as complete as possible of the effects of his medicine upon the body in health and disease. To do this, he endeavours to collate all recorded experiments with it upon men and animals, cases of poisoning by it, and clinical experience of its virtues. Such records he has to weigh and sift; and he is responsible, so far as his opportunities extend, for the pure gold of what remains.

“ In the case of the older medicines, work of this kind is mainly a bringing down of Hahnemann’s *Materia Medica* to the present day, by weaving into it all that has since been ascertained as to the pathogenetic effects of the several drugs. As this book is not generally known, some account of it may with advantage be given here, as has been done in the article on ‘ Belladonna’ (p. 2).

“ Hahnemann, having arrived at the doctrine that

‘*similia similibus curantur*’ was the law of specific drug-healing, logically set about the providing of materials wherewith to work the method. These must obviously consist of a collection of the effects produced on the healthy subject by the various medicines available to us. His first publication was entitled ‘*Fragmenta de viribus medicamentorum positivis*,’ and was published in 1805. In this work he includes twenty-seven drugs. He gives first a list of symptoms observed by himself during experimentation on the healthy; and then, under the head of each author cited, certain symptoms of poisoning or overdosing recorded in medical literature. Subsequently, he gathered around him a band of disciples, who united with him in the task of ‘proving’ medicines. The results of their conjoined work were published in his *Reine Arzneimittellehre* (1st Ed., 1811—1821; 2nd Ed., 1822—1827; 3rd Ed., 1830—1833). In the first two editions symptoms obtained by his fellow-provers followed his own, together with those cited from authors; in the third edition (of which only Vols. I and II were published) all are mingled together in a systematic list. The symptoms are presented in a detached form, in an order mainly anatomical: first those of the head and face, then those of the eyes and ears, and so on. To each is appended the name of its observer, and to many the length of time after the ingestion of the drug at which they appeared.

“It need hardly be said that for the practice based on the Hahnemannian doctrine this collection of symptoms has been simply invaluable. But we are also bold to maintain it to be a contribution of high and permanent worth to medical knowledge as such. It is admitted by every school of treatment that the physiological action of drugs must be known to enable them to be used as therapeutic agents. Now, in the symptoms furnished by Hahnemann and his fellow-provers we have a mass of information regarding this action which it would be simply suicidal to ignore. That every care was taken to sift the truly medicinal action from the results of other causes is evident from Hahnemann’s own words in the preface to the first volume of his third edition.

“‘In those experiments,’ he writes, ‘which have been made by myself and my disciples, every care has been taken to secure the true and full action of the medicines.’

Our provings have been made upon persons in perfect health, and living in contentment and comparative ease.

“ ‘ When an extraordinary circumstance of any kind—fright, chagrin, external injuries, the excessive enjoyment of any one pleasure, or some event of great importance, supervened during the proving, then no symptom has been recorded after such an event, in order to prevent spurious symptoms being noted as genuine.

“ ‘ When that circumstance was of no importance, and could not be supposed to interfere with the action of the medicine, then the symptoms have been placed in brackets, for the purpose of informing the reader that they could not be considered decisively genuine.’

“ To this we may add the testimony of one of the disciples who still survives, the venerable Constantine Hering, of Philadelphia:—

“ ‘ Hahnemann’s way of conducting provings was the following. After he had lectured to his fellow-workers on the rules of proving, he handed them the bottles with the tincture, and when they afterwards brought him their day-books, he examined every prover carefully about every particular symptom, continually calling attention to the necessary accuracy in expressing the kind of feeling, the point or the locality, the observation and mentioning of everything that influenced their feelings, the time of day, &c. When handing such a paper to him, after they had been cross-examined, they had to affirm that it was the truth and nothing but the truth, to the best of their knowledge, by offering their hands to him,—the customary pledge at the universities of Germany, instead of an oath. This was the way in which our master built up his *Materia Medica*.’

“ It will have been seen by the latter quotation that the symptoms obtained in these provings are mainly subjective. But herein consists their special value. Four fifths of the symptoms of most patients we have to treat consist of their sensations; and by whatever method we apply the physiological effects of drugs, we must know these on their subjective as well as their objective side if we are to fit them to the phenomena of disease. Now in poisoning, and still more in the favourite modern method of experimentation on animals, we get little beyond the large general effects which strike the senses of the observer. If it were only for this, the proving of

medicines would be indispensable to a full knowledge of their physiological action. When we consider, moreover, how many of the phenomena of poisoning are due to the violent expulsive efforts of the organism, we must prize a method which introduces the drug by gentle and silent processes, and patiently notes the results which follow upon its absorption and dissemination through the frame.

“Hitherto we have spoken of the material of the treatises of which the Hahnemann *Materia Medica* is to consist; and now a few words as to their arrangement. It was deliberately settled from the first that each worker should be free to follow his own plan. This being so, variations were inevitable, and indeed desirable. From such diverse modes of presentation it may reasonably be hoped that a general order will in time be arrived at, which shall be acceptable to all. In the mean time, those who prefer a pure ‘schema’ will have it in Aconite and Belladonna; those who like experiments and cases of poisoning related at length will find them in Kali bichromicum, in Arsenic, and in Uranium. The connection of the several symptoms is made apparent—in Kali bichromicum and Aconite by giving groups in full, and breaking them up by an index; in Arsenic and Uranium by reference to the full records; in Belladonna by references between the related symptoms themselves. Physiological interpretation is full in Kali bichromicum and Belladonna, brief in the other three. Comparisons with other medicines are most abundant in Arsenic. Therapeutic experience is given by a record of cases in an appendix in Kali bichromicum and Uranium; by a list of references in Aconite; and by a general statement in a running commentary in Arsenic and Belladonna. The order in which the pathogenetic effects are presented is mainly that of Hahnemann; such divergencies as exist are noted in Belladonna, p. 7.—Other and still better plans may yet be suggested by critics or developed by workers. The attention of those interested in the question is directed to the introductions respectively to Kali bichromicum and Belladonna.

“With these explanations we commend the *Hahnemann Materia Medica* to the profession, trusting that it will find many who will labour at it, and more who will avail themselves of it.”

OUTLINES OF THE HISTORY OF MEDICINE.

By W. B. A. SCOTT, M.D.

(Continued from page 549.)

Galen continued ; his physiology ; his anatomy.

The four elements of Empedocles, fire, air, earth, and water, enter, according to Galen, into the ultimate composition of the human body. To these four elements the four primary qualities, heat, cold, dryness, and moisture respectively appertain. These, together, make up the tissues (similar parts) and organs (organic parts) of the body ; and where a due crasis or "harmony" of the four primary qualities prevails, we have the normal or ideal "temperament ;" when one or more is excessive or deficient, we have a state of "intemperies" in the tissues, and, by consequence, in the organs which these latter compose. It is further necessary to the *perfect* health of the individual that the organs have their normal number, size, and shape ; and that both organs and tissues be in the natural condition of union or non-union. The perfect "temperament" is probably ideal only ; in it all the bodily functions are perfectly well performed ; there are eight temperaments called "natural," viz., the hot, the cold, the dry, the moist, the hot and dry, the hot and moist, the cold and dry, and the cold and moist, and to these must be added an indefinite number of "idiosyncrasies"—in all these the bodily functions are sufficiently well performed, but with a tendency to perversion or decay ; in the *unhealthy* body one or more of the functions ceases to be performed, or is perverted. Three varieties of objects, viz., bodies, signs, and causes, are classed under the heads of healthy, neutral, and unhealthy, according as they exist in, indicate, or produce such conditions. An idiosyncrasy depends on some occult cause, not on any relative proportion of the four primary qualities.

Like Hippocrates, Galen enumerates three component parts of the body, solids, humours, and spirits ; and he seems very much to agree with his master regarding the qualities he assigns to each. He speaks, however, of three kinds of spirits—natural, vital, and animal—all derived from the first ("natural"), which ascends from the blood in the liver, becomes "vital" by mingling with

air in the heart, and finally is transformed into "animal" spirit in the brain. This nearly agrees with the Hippocratic doctrine that the spirits are derived from the air we breathe, together with that contained in the food. Each kind of spirit has its special faculty and seat. The "natural" is located in the liver, and presides over nutrition, growth, and generation; the "vital" is seated in the heart, and communicates heat and life to the whole body by means of the arteries; the "animal," with which is joined the "reasonable" or "governing" faculty, is located in the brain, and not only transmits sensation and motor power throughout the frame, but also presides over the other faculties. Again, each faculty has two sorts of action, external and internal; thus, vital internal, violent passions: external, distribution of the blood; animal internal, reason, memory, and imagination: external, the five senses; natural internal, sanguification, digestion, &c.: external, distribution of venous blood. (The venous blood was supposed to supply nourishment to the system, and the arterial to furnish heat.) Galen multiplied subordinate "faculties" to a useless extent, speaking of "concocting," "retaining," "expulsive," and "attracting" faculties, &c.—a method of explaining the various vital functions which will probably recall to the reader's mind the famous attempt of Martinus Scriblerus to account for the action of the meatjack by the supposition that it possessed an inherent "meat-roasting quality."

The "humours" are precisely the four described by Hippocrates, and the same qualities are attributed to them. The consideration of the "solids" leads us in the next place to the ANATOMY OF GALEN.

Some learned moderns have maintained that the dissections of Galen were confined to the lower animals; and they are by no means destitute of *primâ facie* arguments, at least, in favour of their hypothesis. Thus, the dissection of human beings seems to have been abandoned, or at any rate only secretly practised, at Alexandria, the headquarters of the "anatomical" school, shortly after the death of Erasistratus; and in the time of Galen seems not to have been permitted at the public lectures in that city, although the bones were demonstrated on the human skeleton. So great horror was felt by the Romans for mere contact with dead bodies, that all who took official part in interments, executions, and even those engaged in

the preparation of hides, were forbidden to dwell within the precincts of the city. Pliny even goes so far as to assert that it is forbidden to inspect the viscera of human beings. But, on the other hand, Seneca, who was put to death in the reign of Nero, many years before the time of Galen, expressly tells us that contemporary physicians practised human dissection—at least, Riolan credits him with this assertion—though Le Clerc was unable to find the passage in which it occurs. And, what is more satisfactory, Galen himself points out that certain errors had arisen from other anatomists having confined their attention to certain viscera in the lower animals, and imagining these were the same in man. It is true that he counsels his pupils to select as the subjects for dissection the bodies of anthropoid apes, and, failing these, those of lions, bears, &c.; but this seems to have been preparatory to, not instead of, human dissection, for he continues to say that, for want of this preliminary work, many physicians have failed fully to profit by such opportunities of human dissection as fell to their lot. He also refers to the dissection of exposed infants in a manner which may or may not imply that he had himself practised it. However, as he dwells much upon the necessity of being able to investigate the human subject with the utmost rapidity, it is clear that this department of anatomy must have been studied under many restraints and inconveniences. It is at any rate certain that, even supposing Galen to have performed some dissections upon the human subject, these must have been but few, hasty, and imperfect, for many of his descriptions apply rather to apes or other of the lower animals than to man, as Vesalius has pointed out regarding some of the digits. Galen had before him the anatomical writings of Hippocrates, Herophilus, Erasistratus, and others; and whether his own works are to be regarded as the product of original research, or as a compilation from those of his predecessors, they are valuable not only as showing the state of anatomical science in his own time, but also as forming the basis of many more recent discoveries and improvements. Of his *Anatomy*, in 15 books, the first nine are still extant; and we have the whole of his treatise on the *Use of the Parts*, in 16 books. We also possess 14 other books by Galen on various anatomical subjects, in one of which he maintains that the arteries contain blood, con-

trary to the opinion of Erasistratus. The loss of his treatises on the anatomy of Hippocrates and that of Erasistratus is much to be deplored; but it is some compensation to be able to add that his work on vivisection has also perished.

For anatomical purposes the body was considered by Galen under four parts or sections: (1) the abdomen, including the pelvis; (2) the thorax; (3) the head; (4) the extremities. Of each of these there are containing and contained parts. Those of the containing parts which are common to all are the skin and epidermis, a subcutaneous membrane, and the fat; and the order in which these structures are enumerated led Vesalius to conclude that Galen confined himself to the dissection of the lower animals, since in man this membrane underlies the fat in place of lying between the adipose tissue and the skin.* Galen recognised the fact that the true skin is supplied with vessels and nerves; and is sufficiently accurate in his description of the ducts of the sweat glands, hairs, &c. The containing parts peculiar to the abdomen are the abdominal muscles and the peritoneum, which latter, as he remarks, forms the external coat of the viscera. The abdominal contents are enumerated in the following order: the omentum (which he calls the epiploon), the stomach, the bowels, the mesentery, the liver, the spleen, the kidneys, the ureters, the bladder, and the organs of generation, besides numerous bloodvessels which terminate in or cross the abdominal cavity. He describes the serous or peritoneal and two muscular coats of the stomach, duly noting the perpendicularity in the relative direction of the fibres in these latter; but falls into the mistake of asserting that, while the intestines have similar envelopes, in the case of the latter all the fibres run in a transverse direction. Not content with making this mistake, he must needs invent a theory to prove that his erroneous statement must be correct. Accordingly, he informs us that the longitudinal fibres are called into play in the attraction of substances—as when a portion of food is drawn from the œsophagus into the stomach, and the transverse fibres

* So Le Clerc; but this statement seems to require modification. The remarks of Vesalius are true as regards the deep or aponeurotic fascia; but I think Galen must have had in view the superficial or areolo-fibrous fascia, which alone is continuous throughout the entire body, and which lies immediately under the skin.

act in the propulsion of substances. Next, we are told that the stomach has need of both layers, because it has both to draw the food into itself from the œsophagus, and to propel it into the duodenum, while the intestines require but one layer, as they merely propel their contents along their canal—as if it would not be quite as correct to say that the intestines as a whole attracted the food from the stomach, and that each section of them attracted the food from the preceding section, as to say that the stomach attracted food from the œsophagus. But this is always the way with Galen, and with his successors, too, for 1500 years; they are not content with making a mistake now and then as to a matter of fact, but insist on evolving an entirely baseless theory to show why things must be as they say. It was fortunate if they even stopped there, and did not make the said theory the foundation of some heroic piece of (mal)-practice. He enumerates the various sections of the large and small intestines precisely as they are described at the present day (except that he substitutes the term “*ecphysis*” for duodenum), and remarks that the mesentery seems both to retain the alimentary canal *in situ*, and to convey the bloodvessels of the chylipoietic viscera which terminate in the vena portae. The pancreas he seems to have regarded as a mere appendage of the mesentery, serving to retain the bloodvessels in position. He describes the liver as a reddish body, composed of an immense number of veins, together with some nerves and arteries, soldered together as it were by the well known substance designated parenchyma by Erasistratus. Like Hippocrates, he considered the liver to be the source of all the veins, in this respect, perhaps,* retrograding from Aristotle, who had pointed out that both arteries and veins spring from the heart. His imperfect acquaintance with human anatomy appears in the assertion that the liver is in some cases divided into three or four lobes, and at other times is not divided at all. Galen taught that the special function of the liver is to develop the chyle into blood. The yellow bile he seems to have supposed to be secreted by the gall-bladder, and, being

* I say “*perhaps* retrograding” advisedly, because it is certainly not strictly accurate to speak of the veins originating in the heart—of course they originate in, or rather from, the capillaries in all parts of the body; but still *all* the veins are directly or mediately connected with the heart, and only *some* with the liver.

thence discharged into the intestines, to irritate or stimulate their "expulsive faculty" so as to expedite the passage of their contents along their canal. The black bile was secreted by the spleen. Galen did not fail to observe that arteries abound chiefly in the spleen, and veins in the liver. Here was a positive and actual fact for once, about which there was no mistake, so of course no time must be lost in inventing a theory to account for it; accordingly, three excellent reasons are produced—(1) in order that the spleen being nourished with a more refined blood, its tissue may be more "porous," and so better adapted to attract the "melancholic" blood from the liver. We might almost have expected this reason to be deemed sufficient, for there are the trabeculae with their "porous" structure to speak for themselves, and what more can the most sceptical want? To be sure, the "melancholic blood" had no existence, but then Galen and his master, Hippocrates, too, said it had, and so it came to the same thing. However, (2) these arteries subtilize, attenuate, and, as it were, prepare the blood by means of the heat communicated to them by the heart; (3) by their dilatation they attract the coolness necessary for maintaining the spleen in its normal state, and by their contraction chase away the fuliginous melancholic vapours!! Does it not seem incredible that such dreams as these should have found acceptance for centuries? The kidneys, ureters, and bladder are sufficiently well described. It is unnecessary to enter into any detail regarding Galen's description of the reproductive organs—suffice it to say that he was so acute as to perceive that the parts in both sexes are precisely analogous, though he was sometimes at fault in determining *which* were the corresponding parts. Thus he sought the analogue of the uterus in the scrotum, instead of in the sinus pocularis of the urethra.

The containing parts of the THORAX (besides those common to all parts of the body, as the skin, &c.) are the diaphragm or inferior boundary, the clavicles or upper boundary, and the ribs, costal cartilages, sternum, certain vertebræ, various muscles and the pleura, which form the lateral, anterior and posterior boundaries. On the front of the chest are found the breasts, in which (in the female) the process of lactification, according to Galen, is *completed*. Here we have another fine specimen of Galen's passion for theorizing. Observing that the veins (and, he might have

added, the arteries) do not arise from the main trunks, *i.e.*, from the vena cava and aorta respectively, but from the axillaries, intercostals, internal mammaries, innominae, &c., he imagined the object of this to be that, by means of this circuitous course, the movement of the blood might be retarded, and by lingering in the vessels come to assume the white colour of the vascular coats; its still longer sojourn in the breast enabled it to acquire the white colour of that gland more perfectly. In both sexes the breasts were said to serve as a protection to the heart. The sympathy between the mammary and generative organs is pointed out, and attributed to vascular connexion. Galen is not particularly happy in his description of the diaphragm, for after giving its attachments tolerably accurately, and justly remarking the peculiarity of its central tendon, he goes on to remark that it is pierced by *two* openings, one of which transmits the spinal column, the aorta, and the œsophagus, and the other gives passage to the inferior cava! It is scarcely necessary to remind the reader that there are *three* openings in the diaphragm—that for the aorta being distinct from that for the œsophagus; and that Galen has omitted several important accompanying structures, since the pneumogastric nerves accompany the œsophagus, and the thoracic duct passes through the aortic opening. He describes the pleura as investing the walls of the thorax and its contained viscera in the same way as the peritoneum does those of the abdomen, and remarks that from these the walls of the mediastinum are derived.* His remarks on the heart are well worthy of attention. That viscus, he observes, is composed of fibres running in every direction—transverse, oblique, and longitudinal, *and possesses inherent contractility, not derived from the nerves, since it continues to beat even when removed from the body.* Here we have a partial anticipation of Haller. The nerves supplying it are small; and, not content with telling us this, Galen must needs add that they *only* serve to confer sensation on the viscus, *like those supplying the spleen and liver!* He goes on to describe the pericardium and its contained fluid. He describes the situations and attachments of the auricles and ventricles quite accurately. The auricles,

* He seems to have overlooked the anterior and posterior mediastina, as he only speaks of the one in which the heart is contained, *i.e.*, the middle mediastinum.

however, he regarded as mere appendages of the heart, serving as reservoirs of blood for that viscus; and also by their intermediate position between the (firm or ventricular) heart and the vena cava and pulmonary vein, *to guard against these vessels being ruptured by the violence with which the blood contained in them is attracted to the heart.* His description of the valves, and the connexion between the auricles and ventricles is correct; but he is greatly in error, and somewhat difficult to understand in reference to the distribution of the blood. He seems to have supposed that the pulmonary artery conveyed blood to the lungs for the textural supply of these viscera; and that the primary radicles of the pulmonary vein anastomized with the terminal ones of the trachea. The pulmonary vein he believed to contain a highly subtle and vaporous blood (whence coming does not appear), part of which returned for the nutrition of the lungs. He believed the right ventricle solely to exist for the benefit of the lungs; alleging in proof of this that there is but one ventricle in fish, since here lungs (at least structures similar in appearance to the lungs of terrestrial animals) are wanting. Again, he thought that a large quantity of blood passed *directly* from the right to the left ventricle. The air brought from the lungs, we are told, mingling with the blood in the left ventricle, there develops the "vital spirits," which are thence transmitted, along with the arterial blood, to all parts of the body by the aorta. The description of the cardiac systole and diastole is tolerably minute and accurate; and Galen pointed out, in contradiction to some earlier physicians, that the dilatation of the arteries is the result and not the cause of the influx of blood. He describes the coronary vessels; and speaks of a bone found in the substance of the heart—which really exists in the hearts of some of the lower animals. The heart is the seat of natural heat, vital spirits, anger, and violent passions. Galen refers to many of the peculiarities of foetal circulation, as the existence of the ductus arteriosus, the communication between the auricles (foramen ovale),* with its membrane now known as the Eustachian valve. He tells us the coats of the arteries consist of two tunics, while those of the veins have but

* It is strange that the earliest of the moderns who gave any account of this aperture was Botal of Piedmont, in a work published in 1565.

one; and, as usual, an excellent reason is forthcoming for this arrangement. The arteries, we are told, contain a highly spiritualized blood, and must have dense walls to prevent its evaporation; the veins, containing a thicker blood, need not have such impervious coats. If it had happened that the coats of the veins were thicker than those of the arteries a similar explanation would have answered quite as well, in fact rather better, as it would have been fully more plausible to urge that thick walls were necessary to support the weight of a dense and heavy fluid, while "weaker vessels" might serve to convey fluids of a more aeriform character. In fact, Galen does actually say something very much like this in explaining why the walls of the pulmonary artery (which carries venous blood, and was therefore by him reckoned a vein) are thicker than those of the pulmonary vein (reckoned by him an artery). We are told the coats of the pulmonary artery are thick in order that the vessel may be strong enough for its contents not to be affected by the movements of the lung in respiration; but a thin coat is better for the pulmonary vein in order that that vessel may be more easily inflated.

It is unnecessary to dwell on the description given of the lungs, trachea, larynx, with its muscles, the thyroid, cricoid, and arytaenoid cartilages, and the epiglottis, which is correct enough, so far as it goes. Inspiration is effected by means of the dilatation of the thorax by the action of the diaphragm, external intercostals, and six muscles descending from the neck and shoulders.* Expiration, on the other hand, is effected by the action of the internal intercostals, the diaphragm, and the obliqui, recti, and transversales abdominis. In natural respiration the diaphragm alone comes into play—the others aid in forced or violent respiration. Another use of the diaphragm is to aid the process of defecation by means of compressing the intestines. The uses of respiration are three:—(1) to moderate the great heat of the heart; (2) to produce transpiration throughout the body (a somewhat indefinite purpose); and (3) to furnish the vital and animal spirits.

* By these six muscles I suppose he means the sternomastoids and the scalmi. He is probably right about the antagonistic action of the external and internal intercostals respectively, although Erasmus Wilson considers *both* to be inspiratory *and* expiratory muscles, according to the extremity from which they take their point of action.

Galen also describes the thymus gland, and has invented a curious use for it—to serve as a pad between the sternum and vena cava! He lays claim to the discovery of the recurrent laryngeal nerves, but they had been previously referred to, as already (recently) described, by Rufus of Ephesus, in the reign of Trajan.

In his remarks upon the head it must be admitted that Galen falls into a good many strange blunders at starting. For example, he seems to have been much of the same way of thinking regarding the hair as a certain hairdresser, immortalized by Punch some years ago, who assured his client that “the brain percolates through the pores and nourishes the roots of the hair,” since he informs us that the hairs spring from the “fuliginous vapours” of the head! He goes on to say that the entire scalp is invested by a tough membrane which he calls the pericranium, and which he maintains to be continuous with the general fascia of the body, and a *derivative of the dura mater*. He describes the coronal, lambdoidal and straight or sagittal sutures accurately enough; but feels it necessary to account for their existence by the rather surprising statement that they serve to enable the dura mater to communicate with the fascia, and to permit the passage of the “fuliginous fumes.” His other remarks on the dura mater and its sinuses, although somewhat obscure, seem correct so far as they go. He distinctly speaks of what is now known as the superior longitudinal sinus, and the lateral sinuses, and their junction at the torcular Herophili—also of the straight sinus and of the veins now called after himself. He thought that venous blood was *supplied to the sinuses* by the jugulars, and so transmitted to the brain substance and its fibrous, osseous, and dermal coverings. Arterial blood is supplied to the brain by the carotids; and the animal spirits are therefrom developed in the ventricles. But in his description of the arterial cerebral circulation, the accounts given by Galen are manifestly drawn not from human dissection, but from that of some of the lower animals. He also speaks of the pia mater, which he calls “choroid,” and “thin membrane.” He considers its office to be to afford a structure in which the blood vessels may ramify, and compares it to the mesentery to which he had assigned a like function. I cannot find that he speaks of the arachnoid as a distinct membrane; and in this he may be right, as Henlé,

Kölliker, and others have shown that it is no true, distinct, serous membrane, but that its upper layer ought to be considered as the inner layer of the dura mater, and its lower or visceral layer as the outer layer of the pia mater. This is the view of Professor Sanders, who remarks in confirmation of it that there is no distinct pathology of the arachnoid.

Galen speaks of the cerebellum, the cerebrum, four ventricles (like Erasistratus, omitting the fifth), pituitary body, choroid plexus, nates, testes, pineal gland, &c., but I do not find that he made much advance, if any, beyond Erasistratus. He supposed the brain to possess a sort of respiration,* exercised through the perforations of the cribriform plate of the ethmoid, which foramina, like those of the ethmoid, he supposed also to permit the excretion of effete cerebral matter, the former into the nose, and the latter into the back of the mouth. The ventricles he regarded as reservoirs for these superfluous humours, no less than as the seat of the formation of the animal spirits; and he located the organ of smell at the front of the lateral ventricles. The complete development of the animal spirits he supposed to take place in the fourth ventricle, whence they were duly transmitted to the rest of the cerebrum, the cerebellum and the nerves. Galen located the understanding, or "reasonable soul," in the cerebrum and cerebellum; and speaks of the animal spirits as the "organs of the reasonable soul." It does not very clearly appear whether Galen thought the reasonable soul to be material or immaterial; but he is as angry as a nineteenth century antiphrenologist with Erasistratus for maintaining that the development of the reasoning faculty or other mental powers had anything whatever to do with the depth or complexity of the convolutions. Galen retained to the last the time-honoured theory that the liver is the seat of concupiscence, and the heart of angry passions, although, as we have seen, he attributed more to the brain than some of his predecessors had done. He regarded the cerebellum as the centre of motor power. Galen described the spinal cord as a prolongation of the cerebellum and its coats as continuations of the dura and pia mater. He stated the cord to be destitute of the movement which he had observed in the brain, and which he had erroneously attributed to a cerebral respiration.

* In this he was probably misled by the pulsation in the brain.

He speaks of the nerves as solid filaments, in which three parts may be distinguished, the nerve substance proper derived from the tissue of the brain; and two tunics derived from the dura and pia mater respectively. The optic nerves he thought to be hollow. He was somewhat puzzled to account for the passage of the "animal spirits"—the supposed pre-requisite of nervous activity—through solid filaments, and accordingly speaks in one place of the "energy" of the spirits being transmitted, without the substance, a striking instance of the explanation of the *ignotum per ignotius*, and of his readiness to invent any number of *new* hypotheses in order to support a preconceived theory. He speaks of seven pairs of cerebral and cerebellar nerves: (1) the optic; (2) motor oculi; (3) trifacial;* (4) facial?; (5) auditory; (6) pneumogastric; (7) hypoglossal. The olfactory bulbs he regarded as prolongations of the brain substance not emerging from the cranium. He enumerates *sixty* pairs of spinal nerves, and recognises their *mixed* character.

Galen speaks of *seven* tunics of the eyeball, among which we readily recognise the retina, choroid, cornea, and sclerotic, but it is not so easy to identify the rest. He describes the vitreous and aqueous humours, and the crystalline lens, and located an imaginary "spiritual substance" (to which he attributed the dilatation and contraction of the pupil) in the anterior chamber along with the aqueous humour. The power of discerning colours he thought to depend upon the lens, though *mediately*, as, in the last resort, all visual faculty is ascribed to the brain and optic nerve; the humours were supposed to be merely subsidiary.

His explanation of the theory of vision is interesting as a specimen of the lengths to which he allowed his love of

* Galen seems to have strangely overlooked the ophthalmic branch, as he speaks of this nerve dividing into only *two* branches, distributed to the upper jaw, temples, gums, teeth, &c., but especially to the tongue, the tissue of which he supposed to consist of an expansion of a branch of this nerve, viz., the gustatory. I am not by any means certain that by (5) Galen meant the facial, as it is far from exactly answering to his description; but if he did not mean this he must have treated the facial with strange neglect. In some respects his description would be more nearly met by taking (3) as the inferior, and (4) as the superior maxillary. Galen elsewhere speaks of two portions of his fifth pair, which must surely have meant the *portio dura* and *portio mollis*, but it is difficult to follow him on this subject.

theorizing to carry him. He tells us that the "visual spirits" emitted from the optic nerve are in some way mixed with the external air, which latter stands in the same relation to the "visual spirits" which ordinary nerves occupy relatively to the "spirits" of ordinary sensation. This mixture of air and "visual spirits" receiving the impression of external objects in some way communicates this impression to the portion of "visual spirits" still remaining within the eyeball, which in their turn transmit it to the crystalline lens, which they surround on all sides. The alteration affected in the lens effects somehow a corresponding change in the retina, optic nerve, and *lastly in the brain itself*. Now, since we find that it is to *some action on the brain* that visual perception is attributed in the last resort, it seems very strange indeed that Galen should have felt it necessary to adopt the complex and baseless theory of "spirits" of various kinds to account for the results of cerebral consciousness, especially when (as we saw) he found it necessary to assume the existence of a yet more refined emanation from these "spirits" themselves in order to explain the transmission of their influence along filaments which, as a rule, he believed to be solid.

His remarks on the other organs of special sense call for no special comment; he is rather indistinct on the subject of common sensation, as in some places he appears to attribute this to the nervous filaments themselves, and elsewhere to a membrane—probably an expansion, real or imaginary, of the terminations of the nerves.

(*To be continued.*)

LYCOPUS VIRGINICUS:

A SECOND PROVING.

By Dr. MORRISON, London.

Preparation.—200th potency (Heath's).

State of Health.—Usual. Have recently suffered from rheumatic pain and stiffness in muscles of right arm and forearm, cured by *rhododendron* 200th.

Clinical Observations.—April 17th, 1873, 11 p.m. Pulse about 66 sitting, 72 standing; temp. 36.20 C.; urine acid, free from albumen, shows slight deposit of mucus: sp. gr. 1012; pulse-tracing, at 70, appended:

Proving.—17th April, 11 p.m., *lycopus* m_v/200. Within ten minutes, pressing-out sensation above right frontal eminence; tendency to bear to right in walking, succeeded by acute pain in the right temple, then over left frontal eminence, then returning to right temple. On lying down, palpitation, with altered rhythm, the systole being shortened and the interval lengthened. Sleep dreamy (not restless).

18th April. On rising, subacute pain in right temple, lasting an hour, succeeded by rheumatoid aching over apex of heart, then above right nipple, then returning to left side, from third to sixth left interspaces inclusive, with subacute pain in apex itself. During day, aching pains from third to sixth left interspaces; at apex, and above right nipple; occasionally acute, worse towards sunset. Neuraloid pains in both temples, worse during evening; slight achings in left lower, left upper, and then in right upper molars (decayed teeth).

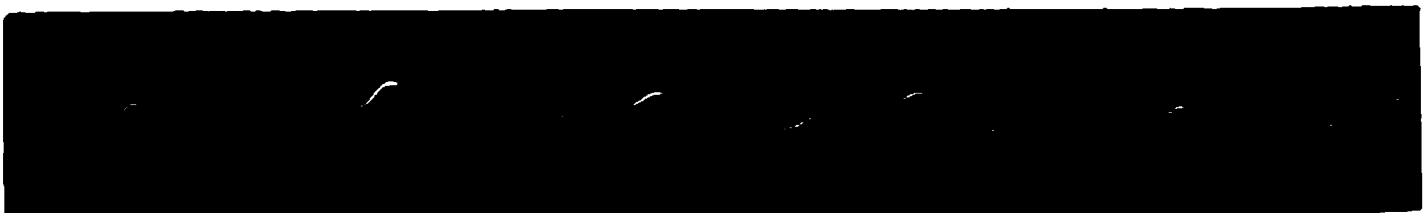
19th April. During day, subacute pains over apex of heart and above right nipple, with dull temporal headaches, increasing in intensity towards evening, not relieved by tea. 11 p.m., pulse 62 sitting, 66 standing, quickened at each deep inspiration; temp. 36·20 C.; urine shows slight deposit of mucus, acid, sp. gr. 1015.

20th April. Occasional achings, in spots already mentioned, especially in temples, chiefly alternately, increasing in frequency and severity towards sunset. Evening,—symptoms in following order: cardiac depression, with intermittent pulse; heavy pressures on parietal protuberances, coming on suddenly, and moving up till almost meeting at sagittal suture; giddiness, even while sitting; hot sensation, first under right scapula, then in centre of left lung, and again beneath right scapula (possibly caused by easterly wind). On retiring, pulse 68, sitting and standing, irregular, not intermittent.

21st April. 8·30 p.m., darting pain two inches above left frontal eminence, recurring later.

29th April. 8·30 p.m., *lycopus* m_x. Immediately, aching in right upper molar (sound tooth), lasting several minutes. Sleep dreamy.

30th April. On waking, pulse about 60, feeble, irregular, and intermittent. Aching pain above left orbit; darting pain in left temple, succeeded by steady aching. 10·80 a.m., frontal headache; pulse 76, feeble, regular, tracing appended:



During day, darting pains, especially in lower half of forehead. Wakefulness on retiring, though fatigued; light dreamy sleep; unusually early waking; sneezed violently, once, on waking.

1st May. 10 p.m., *mxl*. Shortly, giddiness; irregular and intermittent pulse; agreeable sensation of warmth, first to left of epigastrium, then in region of apex of heart, then at base of heart; sensation of rawness, with lump like a hardened gland, at back of right palate, and above last right molar fang.

2nd May. Sneezed violently, twice, on waking. During day, occasional pains in chest; dyspnoea, as if from bronchial cold. During evening, increased dyspnoea, cough, slight pale expectoration, wheezing, hot achings beneath right scapula; pressive cephalalgia; slight nausea; irritation in fauces, inciting to cough; giddiness, even while sitting. Coughed during night, without waking. These symptoms, apparently bronchitic, are new to me; I am at a loss to decide whether or not they arise from cold.

7th May. Continuance and increase of bronchial, with increased faucial, irritation; increased cough; unpleasant sweetish expectoration, at times difficult; hot sensations recur, especially beneath right scapula; slight nasal catarrh, with sneezings. No special weakness; appetite good; functions regular. Pulse perfectly regular.

8th May. 9·30 a.m., 3 *ij*. Immediately, subacute pain above left frontal eminence, then in right lower molars (decayed teeth), with slight giddiness on moving. 10 a.m., stupefying, pressive, frontal headache; aching (like lumbago) across loins; increased feeling of roughness in fauces; flying rheumatoid pains; oppressed respiration, with sighing; pulse 80 sitting, 88 standing, regular, not intermittent; eructations, with distinct flavour of the drug all symptoms increased by movement. Sub-

sequently, cardiac depression; continued constriction in fauces; subscapular achings; giddiness, with tendencies to right and forward; slight nausea; difficulty in concentrating attention and thought; shifting rheumatoid achings; general malaise; cough and expectoration almost completely checked.

9th May. Evening, return of nearly all symptoms. Sneezed only once; cough deep and violent.

10th May. Return of nearly all symptoms, except sneezing, with considerable severity.

12th May. Acute, darting pains in heart; with complete intermissions, lasting fully an hour. Cough and expectoration lessened. During the past four days, increasing constipation; last two days, fæces hard, scanty, dark, passed with straining; bleeding from hæmorrhoids, which came in consequence of the constipation.

16th May. Cough and expectoration, which have steadily lessened, immediately renewed on change to colder weather, and by cold winds. The constipation has been succeeded by softer and freer motions, of the peculiar shining colour noted in previous proving.

4th June. All symptoms have greatly lessened in frequency and severity.

6th July. During the past three weeks I have felt quite as well as usual. This morning, on rising, noted slight weakness of pulse, with slight irregularity of rhythm. 9 a.m., R, *lycopus* mxc/200. Within five minutes, acute aching in right lower molars (decayed); pressive frontal headache; diminished pulse-force, with occasional intermissions. 11 a.m., rheumatoid aching in region of apex of heart, followed by erratic rheumatoid pains, chiefly in left wrist, inner side of right calf, right subclaviolar region, and again in left wrist and region of apex of heart. Evening, with exception of irregularity of pulse, and occasional intermissions, few symptoms remain. Before retiring, pulse 66 sitting and standing, very irregular in force and rhythm; cardiac action scarcely perceptible.

7th July. 6 p.m. Beyond a few slight rheumatoid pains, no special symptoms. Cardiac action regular; pulse force normal, as shown by annexed tracing. Pulse 70, sitting.

It may be noted that the secondary curves are but slightly defined.

8th July. No special symptoms.

9th July. Evening. Sudden attack of palpitation while quietly sitting, lasting several minutes.

18th July. Since proving *lycopus*, cardiac action, though usually fairly regular, more easily deranged. Otherwise, no special symptoms remain.

ANALYSIS.*

General Symptoms and Peculiarities.

Rheumatoid pains, passing from left to right; returning to left side; chiefly affecting muscles and articulations; increased by movement, by cold air, and by concentrating the thought upon them. Dental pains, chiefly in decayed teeth, and usually passing from right to left, not relieved by *acon.*, *merc.*, nor by direct warmth. Sneezing, dyspnoea, cough, expectoration, wheezing, and faucial irritation, as if from bronchial catarrh. Cardiac distress, palpitation, and rheumatoid pains, increased as above; irregular and intermittent pulse; quickened, feeble, compressible pulse. Constipation, followed by full, soft motions, of a shining yellow-brown, offensive; gushing out. Faint perspiration on covered parts, while walking. Dreamy sleep and early waking. Rheumatoid aching, relieved by electrical current, not relieved by galvanic. Neuraloid pains, affecting testicles. Pains, as if herniæ would protrude, relieved by upward pressure on crural rings. Eructations, tasting of the drug. Nausea and faintness. Times of aggravation, early morning; afternoon (3 to 5 o'clock); sunset; and during evening.

Head and Neck.

1. Pains in frontal eminences, passing from left to right, and back to left;
Oppressed feeling in brain (1);
Sensation of rawness at back and right of palate;
Slight burning in palate (1);
Obtusion of intellect (1);

* Symptoms noted only in proving mother tincture are marked (1); those belonging only to the 200th (2); those common to both are unmarked. Doubtful symptoms are marked with a note of interrogation. Of the 202 symptoms recorded, 132 belong to the mother tincture, 41 to the 200th dilution, and 29 are common to both.

- Dull aching through sinciput ;
Pressive frontal headache ;
Aching in lower molars, passing from right to left ;
Subacute pain in pharynx, increased by deglutition (1) ;
10. Acute pain in nape of neck (cervical muscles) (1) ;
Temporal pain, transferred to cerebellum, and again to temples (1) ;
Weakness of eyes, as if from weariness (1) ;
Pains in left lower molars, transferred to right ;
Acute pain in the right lower molars, passing to right temple, left lower molars, left temple, and returning to right lower molars ;
Congestive pain in nape of neck (1) ;
Oppressed feeling in cerebellum (1) ;
Giddiness, with tendencies to right and forward ;
Persistent giddiness, while sitting ;
Acute pain in left temple, passing to right ;
20. Sense of constriction in larynx ;
Stiffness of left cervical muscles, interfering with movement of head (1) ;
Aching in left maxillary articulation and left wrist (1) ;
Acute pain in left frontal eminence, with sensation of compression of brain (1) ;
Continuous aching in left lower molars (1) ;
Parched feeling in upper lip (1) ;
Severe aching through occiput (1) ;
Dull, oppressive general headache ;
Pain passes from lower molars to lumbar and mid-dorsal regions, returning to left lower molars (1) ;
Severe general headache, with giddiness ;
30. Acute darting from left temporal to malar bone, with sensation as if brain were compressed, followed by irritation of scalp over the line of pain (1) ;
Pain in left lower molars, passing to left upper bicuspid (1) ;
Increased mental and physical activity (1) ;
Faintness, with slight nausea, while walking in open air ;
Persistent giddiness, commencing in open air, continuing while sitting ;
Giddiness, while sitting, with constriction of larynx ;
Aching in one spot, changing from left to right of occipital protuberance (1) ;

- Fronto-occipital headache, from 3 to 7 p.m. (1);
 Frontal headache, subsequently passing to occiput,
 3 to 6 p.m. (1);
 Giddiness, with strong tendency to the right;
 40. Neuraloid pain in the right supra-orbital region (1);
 Pressing-out sensation above right frontal eminence
 (2);
 Acute pain in right temple, passing to left frontal
 eminence, and returning to right temple (2);
 Neuraloid pain in both temples, worse during even-
 ing (2);
 Slight achings in left lower, left upper, and then in
 right upper molars (decayed) (2);
 Pains increase in severity towards sunset;
 Sensation of heavy pressure on parietal protuberances,
 moving upward to middle line (2);
 Darting pains in lower half of forehead (2);
 Dreamy sleep, with early waking;
 Sensation of rawness, with swelling (which subse-
 quently disappeared) like a hardened gland, to
 back of right palate (2);
 50. Sneezing, on awaking from sleep (2);
 Irritation in fauces, inciting to cough (2);
 Subacute pain above left frontal eminence, passing
 to right lower molars (2);
 Darting pain in left temple, succeeded by steady
 aching (2);
 Difficulty in concentrating attention and thought (2);
 Sighing and yawning (1);
 Acute pain at seventh cervical vertebra (1);
 Restless activity, ready for any amount of work (1).

Chest and Pulse.

- Subacute pain below and to outer side of left nipple
 (apex region);
 Rheumatoid aching in right scapular muscles;
 60. Pleurodynia (?) from third to seventh left interspace,
 with spasmodic contraction of intercostal muscles,
 increased by lying on right side (1);
 Subacute superficial pain at third left interspace,
 becoming acute on moving (1);
 Spasms of right intercostal muscles (?) on awaking (1);
 Pleurodynia (?) below fifth right costal cartilage, pas-
 sing to left and then returning to right side, on
 awaking (1);

- Sense of constriction across lower half of thorax, impeding respiration, with subacute pain, increased by lying on right side, on awaking (1);
Intercostal pains, worse from lying on right side, with repeated darting pains at apex (1);
Acute pain in left axilla, extending down edges of pectoral muscles to thorax, then passing to base and apex of heart (1);
Acute pain in intercostal muscles, over base of heart (1);
Severe pain at insertion of right pectoral muscles, becoming more acute on inspiring deeply (1);
Pain on right side of thorax, passing to apex region, then to right axilla, and down pectoral muscles to former spot, again to apex region, and returning to right side (1);
70. Oppression of respiration (1);
Rheumatoid aching over apex, then above right nipple, then from third to sixth left interspaces inclusive, with pain in apex (2);
Achings in chest increase towards sunset (2);
Subacute achings over apex and above right nipple, with dull temporal headaches (2);
Achings generally increase in severity towards sunset (2);
Sensations of heat, first under right scapula, then in centre of left lung, and again beneath right scapula (?) (2)
Agreeable sensation of warmth, first to left of epigastrium, then in apex region, then at base of heart (2);
Occasional pains in chest;
Dyspnœa, as if from bronchial catarrh (2);
Cough, with slight pale expectoration, wheezing, and hot achings beneath right scapula (2);
80. Increased bronchial, with increased faucial, irritation, and increased cough (2);
Unpleasant, sweetish expectoration, at times difficult (2);
Hot sensations recur, especially beneath right scapula;
Slight nasal catarrh, with sneezing (2);
Oppressed respiration, with sighing (2);
Subscapular aching (2);
Shifting rheumatoid achings (2);

- Cough and expectoration checked by repetition of medicine (2);
 Nearly all symptoms shortly return with considerable severity (2);
 Subacute pain at apex of heart (1);
90. Cardiac oppression, lasting an hour (1);
 Marked cardiac oppression (1);
 Quickened pulse, with distinct intermissions (1);
 Sighing and yawning (1);
 Cardiac depression, with dull heavy beating;
 On waking, frequent intermissions (1);
 Cardiac action first steadied by drug, then rendered intermittent (1);
 Pulse irregular and intermittent, especially when lying, quickened at each inspiration;
 Cardiac distress, most marked at apex (1);
 Pulse about 72, lying, sitting, and standing, quickened at each inspiration (1);
100. "Cardiac pulsation scarcely perceptible to touch."
 Subacute pain, extending from apex to third lower interspace (1);
 Acute pain at apex, with contraction of intercostal muscles, increased by lying on right side, from 6.30 till 10 a.m. (1);
 Pulse 68, with oppressed cardiac action (1);
 Palpitation on slight exertion (1);
 On awaking, laboured cardiac action, p. 62 (1);
 Left-sided pains predominate;
 Subacute pain at apex of heart, moving to fourth left interspace (1);
 Pulse immediately steadied by a full dose of the drug, subsequently becoming jerking (1);
 Pulse subsequently becomes quickened, feeble, irregular (1);
110. "Heart sounds indistinct, systolic running into diastolic" (1);
 "Heart-sickness," not relieved by food (1);
 Cardiac pains, with general debility (1);
 Acute darting pains, at apex of heart (1);
 Acute pain at apex, not relieved by pressure, driven by friction to left subscapular region, then passing to mid-dorsal region (1);
 Acute pain at apex, with cardiac distress (1);
 Pulse scarcely perceptible, irregular (1);

- “Pulse extremely variable, both as to time and volume, at first almost imperceptible, not intermittent” (1);
- “Cardiac pulsation much stronger than the pulse indications would lead one to expect” (1)
- “Impulse feeble, heart sounds very weak, action irregular in force and rhythm” (1);
120. Pulse feeble, compressible, irregular in force and rhythm” (1);
- Marked cardiac depression, causing slight faintness on quickly ascending a few stairs (1);
- Faint feeling returns later on quietly ascending (1);
- Cardiac action barely perceptible, with moderately strong and less compressible pulse (1);
- Pulse compressible, irritable, varying greatly in force and rhythm, with frequent intermissions (1);
- Pulse less compressible, irregular, and intermittent (1);
- Cardiac depression, causing faintness (1);
- Cardiac depression, succeeded by cardiac oppression, with quickened pulse (1);
- Subacute pains both at apex and base of heart (1);
- Pulse irregular in rhythm, extremely compressible;
130. On lying down, palpitation, with shortened systole and lengthened interval (2);
- Cardiac depression, with intermittent pulse (2);
- Pulse irregular and intermittent (2);
- Acute darting pains in heart, with complete intermissions (2).

Abdomen and Sexual Organs.

- Rheumatoid pains in lumbar region (1);
- Acute rheumatoid loin pain, extending to lower dorsal region (1);
- Continuous lumbar and dorsal pain, most severe towards left side (1);
- Strong bearing-down in left inguinal canal, as if hernia would protrude, while sitting; with acute pain on walking; relieved by upward pressure on external ring (1);
- Bearing-down in right inguinal canal; with subacute pain when walking; relieved by continued pressure on external ring; with severe loin pain, especially to right of spine (1);

- Aching in both inguinal canals, on rising from bed, increased by walking; relieved by upward pressure on external rings (1);
140. Continuous aching along both inguinal canals, most marked on right side, increased by walking (1);
 Acute flying pains to right of mid-dorsal region (1);
 Continuous lumbar pain, not increased by stooping, increased by walking (1);
 Acute pain down right inguinal canal, while sitting (1);
 Tenderness down right inguinal canal (1);
 Aching down right inguinal canal, while sitting (1);
 Pressive aching down left inguinal canal, relieved by upward pressure (1);
 Severe aching down spine, somewhat relieved by friction, passing off after rising (1);
 Sharp darting pains through left testicle (epididymis); passing to right testicle; leaving dull aching (1);
 Acute aching in left testicle, with occasional darting pains; changing to right, and again to left testicle (1);
150. Acute pain, extending from left kidney down left inguinal canal (1);
 The pains in left testicle cause an aching along left inguinal canal, extend to right testicle, and at times are very severe (1);
 Aching across lower dorsal region (1);
 Pains first in left, then in right, then in both testicles; recurring the whole evening (1);
 Excessive flatulence (1);
 Aching (like lumbago) across loins;
 Agreeable sensation of warmth to left of epigastrium (2);
 Eructations, with distinct flavour of the drug (2);
 Fæces papæscant or watery, with succeeding constipation (1);
 Bowels act more freely; relaxed; fæces light-coloured (1);
160. Fæces slimy, of a peculiarly shining dark-brown (1);
 Fæces slimy, of a peculiar greyish-brown, as if mixed with ashes (1);
 Fæces of a dark shining brown; odour strong (1);
 Fæces of a dark shining brown, gushing out (1);

- Excessive flatulent rumblings, on awaking (1);
Fæces half solid, with straining; half slimy, gushing out (1);
Fæces slimy, of a peculiar shining dark-brown; offensive; gushing out (1);
Fæces slimy, of a shining yellow; offensive (1);
Fæces partly solid and natural, partly slimy, dark-brown; offensive (1);
Constipation; fæces hard, scanty, dark, passed with straining and consequent bleeding (2);
170. Constipation succeeded by softer and freer motions, of the peculiar shining yellowish-brown previously noted (2);
Urine exhibits excess of mucus, with epithelium scales and minute crystals (1);
Urine shows less deposit, with diminished sp. gr. (1007—1010) (1);
Urine contains scattered mucus and epithelial scales, abundance of spermatozoa, and oxalate of lime crystals; sp. gr. 1004—1006 (normal 1016—1018) (1);
Urine exhibits slight deposit of mucus; sp. gr. 1015 (2).

Upper Limbs.

- Unsteadiness of hands, rendering writing somewhat difficult (1);
Return of tremulous feeling in hands, while writing, lasting several minutes (1);
Rheumatoid pains, especially left (1);
Acute pains, especially in left wrist (1);
Darting pains through right wrist (1);
180. Prickings (urticaria?) in lower forearm, hypogastrium, &c., returning to left forearm (1);
Troublesome urticaria, specially affecting left forearm and right leg (?) (1);
Frequent rheumatoid pains in left forearm, left wrist, left hand, and right forearm and wrist (1);
Flying rheumatoid pains (2);
Erratic rheumatoid pains in left wrist, right calf, right subclavicular region, and returning to left wrist (2);
Darting pains in left thumb (1).

Lower Limbs.

- Acute rheumatoid pain from left knee to ankle;
quickly settling in loins (1);
Rheumatoid pain in calves of legs, especially left (1);
Return of acute pains in left leg, extending up
thigh, on exertion (1);
Pains are transferred from left calf and leg to
right (1);
190. Occasional pains in legs, especially left (1);
Rheumatoid pains, especially left leg and forearm (1);
Sharp aching in right leg, not relieved by friction (1);
Sharp aching down right tibia, causing lameness;
not relieved by friction (1);
Acute pain in inner muscles of left calf, with strain-
ing and lameness (1);
Aching down flexor muscles of right thigh, extend-
ing to knee and calf of leg; then to left knee and
calf; then returning to right thigh and knee;
with slight lameness (1);
Achings down both thighs, with weakness in walk-
ing (1);
Irritation (urticaria?) in right leg, right forearm,
back, &c. (1);
Subacute pain down muscles of left calf (1);
Acute pain down anterior muscles of right thigh,
causing lameness; subsequently, down both
thighs (1);
200. Achings, passing from left wrist to right knee, left
tibia anteriorly, lower dorsal region, left knee,
and right forearm (1);
Rheumatoid pains pass from left wrist to right
calf (2);
Erratic rheumatoid pains, affecting lower limbs (2).

Albert Square, Clapham Road,
September 1874.

ON CANNES AND THE RIVIERA.

By S. SANDERS STEPHENS, Esq.,

Late Surgeon to the London Homœopathic Hospital.

LET us remember that disease is most usually brought on
by a departure from those natural laws which we are
expected to follow, and which are essential to good health.

If a man has a perfect constitution, he may commit a few indiscretions, and yet retain good health. But if he be naturally weakly, born, perhaps, of phthisical or otherwise unhealthy parents, then over-fatigue, excesses of any kind, or even the ordinary hard work of life, leave their impress, and he is either laid up with serious illness or falls into a low state of health.

About eighteen months ago I had the misfortune myself to fall into this description of illness, and a tedious convalescence induced me to try what the Riviera could do as a restorative agent. After a month's rest there, I was seeking recreation in practice from the *ennui* caused by returning health and no occupation. And it is because I have derived such benefit from this climate myself that I wish to state shortly and clearly what its advantages are.

1. Absence from England and its cares and anxieties.

To many a man, as long as he remains in England, it is impossible for him to obtain rest. Going to the Riviera is almost like going to the Cape or Australia. You are taken quite out of your ordinary groove; you live not on the sea, but by the sea; and you are so far away from home and its duties, that you have not the same temptation to return before the end of the season, or your convalescence is complete, as you would have were you at a watering-place on the south coast of England.

2. Change of habits and mode of life.

This is much easier than when one remains at home, and moreover is necessary on account of the climate. The air is light and clear, you wake up early and feel inclined to get up, and never go out after sunset.

3. Constant sunlight.

During the winter it is possible for nearly every one to live in the open air. One hardly ever sees a cloud. Morning after morning you wake up astonished to see the same unclouded sky and genial sun. During the time of the sun's rays you feel an overcoat *de trop*. Out-of-door amusements are always possible; garden parties are numerous and pic-nics constant. There are numerous places of interest around, and aquatic excursions, especially in the vicinity of Cannes, such as to the Ile Sainte Marguerite—where Bazaine languished, but ought rather to have reposed—to Napoule, Antibes, &c. Horse exercise and carriage drives are also in endless variety.

4. *Hardly any rain.*

During last season, for three months, we only had about five days rain. This, during the winter, is the normal state of things, and, combined with the sunshine and absence of wind, it enables the invalid, if he chooses, to be out of doors every hour, and, if he cannot walk much, he can lie on a mattress or on the ground—thus enjoying the fresh balmy air, sunshine, and rest which are so essential to recovery.

5. It is the protection some of the places on this coast enjoy from “*cold and trying winds*” that makes them especially the resort of invalids, and this is why Cannes, Hyères, Nice, Mentone, and San Remo are frequented more than other places on the coast. Each is protected by a range of hills on the north (Alpes Maritimes), sheltering it from the north wind, which would be severe; by a range of hills to the west and north-west, protecting it more or less from the “*mistral*,” which is the most trying wind that blows.

At Cannes these mountains lie further from the town—from eight to twenty miles—so that there is more scope for villa residences, for riding and driving, and this helps to make it the resort of the more wealthy of those who flock to this coast. The air, too, is more bracing and invigorating, so that one can breathe, and feel a pleasure in breathing, in a way that one cannot in the East Bay at Mentone, for example.

To-day one only desires to point out the value of the coast as a health resort, and not the respective merits of the different places on the coast. I would only say that during the season I paid more than fifty visits to Nice, more than forty to Mentone, several to San Remo, and I came back to Cannes each time more and more satisfied that I had made it, as I mean to continue to do, my headquarters.

Hotel Grey et d'Albion, and
Villa Talbot, Cannes.

REVIEWS.

Essays on Medicine: Being an Investigation of Homœopathy and other Systems of Medicine. By WILLIAM SHARP, M.D., F.R.S. London: H. Turner & Co. 1874.

This work consists of a collection of essays published from time to time during the last twenty-two years. With many of the latter ones our readers have become familiar through their first appearance having been made in our pages.

Whatever may be the opinions held as to the relative merits of the various essays, we have no doubt at all that few if any expositions of homœopathy have been so widely read, or have had so satisfactory an influence on its progress, as the first twelve of these papers have had. Their circulation, both here and in the United States, was simply enormous; while the number of medical men who are ready to admit that their first inducements to put homœopathy to the clinical test proceeded from a perusal of "*Sharp's Tracts*" is far from being inconsiderable. Essays that have accomplished work so valuable are well deserving some more permanent form of preservation than that of the simple "*tract*." We are therefore glad that Dr. Sharp has thought it well to place them together in their present shape.

The whole constitute the result of a careful and independent investigation of homœopathy, and of the chief of those theories, pathological and otherwise, to which Hahnemann attached more or less importance.

The first Essay is an answer to the question, *What is Homœopathy?* We know of none in which the reply is stated in clearer terms, of none which we should more willingly put into the hands of any one, be he medical or non-medical in his profession or occupation, who was desirous of knowing somewhat as to those principles, a faith in which distinguishes us from the great majority of our medical brethren. In the next two Essays the character of the opposition to which homœopathy has so long been exposed is admirably described, and Dr. Routh's published attack upon it is equally well replied to. The three following Essays are devoted to a setting forth of the *principle* of homœopathy—that is to say, of homœopathy itself. In the first of these some interesting cases are given in illustration of the principle *Similia similibus curantur*, which in the fifth Essay is correctly described "as a simple statement of a natural fact of universal occurrence under certain conditions which are essential, and in the absence of which it does not occur." The limits within which the law will be found to operate, and the class of

cases to which it cannot be expected to apply, are both clearly defined.

In the Sixth Essay Dr. Sharp comes into collision with Hahnemann, and severely criticises him for drawing illustrations of the universality of the operations of the homœopathic law from pathology, psychology, and the operation of the forces of heat, light, and electricity, and insists that the action of the law of similars is entirely restricted to the selection of drugs, and that in no other department of nature is its influence capable of being traced. We are nevertheless much disposed to doubt whether, with our present knowledge of the physiological action of electricity, in its several forms, we cannot efficiently prescribe it, at any rate, with the law of similars as our guide. All this, however, is of comparatively small importance. The great point to be carefully and fully explained both to the public and the profession is that the homœopathic law is applicable to the selection of drugs, and this Dr. Sharp does with much force.

The Seventh Essay is on the *Provings of Homœopathy*. This also is an excellent paper and well worthy of careful study by all who are interested in medical progress. In this method of investigating the properties of drugs Hahnemann is duly credited with the position of a successful pioneer. The mode in which he arranged the results of his experiments is objected to, as it ever has been by many who have practised homœopathy, but, as Dr. Sharp truly says, "notwithstanding the defects in his provings, . . . they have already guided us to a mode of treating disease far more successful than any which was known before." The "mass of insignificant, and often perhaps imaginary symptoms," incorporated with such as are the more obvious effects of the drugs proved, Dr. Sharp regards as the second great defect in Hahnemann's work. There is some reason in this criticism; but, after all, much assistance has been derived by many prescribers from indications which others would have regarded as either imaginary or trivial. These "contingent" symptoms, as Dr. Drysdale terms them, often-times have a value, especially in the selection of medicines in chronic disease, which it is unwise to overlook. In the absence of the records of the original experiments, it is no easy matter to detect the really trivial or insignificant symptoms. Hahnemann's great fault consists in his not having published his experiments in the form in which they occurred.

In the Eighth Essay the disadvantages of prescribing medicines in combination are well described, and the much greater benefits of medicines given singly are clearly pointed out.

The next, on the *Small Dose*, is, in our opinion, one of the most striking and accurate in the book. The argument in favour of prescribing small doses is exceedingly well put.

The following Essay, on the *Difficulties of Homœopathy*, will meet with very general acceptance from all students of homœopathy.

The eleventh, on *The Advantages of Homœopathy*, is another of the most valuable of Dr. Sharp's contributions to the popularising of homœopathy. Nothing could be better or more striking than the argument worked out in this Essay.

The next paper is entitled *The Common Sense of Homœopathy*, and consists of a very complete reply to the objection, often-times urged against homœopathy, that it is *impossible* any benefit can be derived from it. It is a most interesting Essay, and one that ought to satisfy the most sceptical that there is nothing impossible in the proposition that small doses of homœopathically indicated remedies are curative and therefore beneficial.

In the twelfth Essay, we have a summary of Dr. Sharp's conclusions respecting homœopathy and the various pathological theories entertained by Hahnemann.

The thirteenth is on the *Materia Medica*. In this Dr. Sharp criticises Hahnemann's arrangement of the symptomatology of drugs and the schema of Dr. Drysdale as worked out in his proving of the *Bichromate of Potash*. Objections are urged against both, and a third plan is set forth with several illustrations. With regard to this third plan, we regret much that we cannot regard it favourably. As an introduction to the proving of a remedy, or as a summary of its general action, Dr. Sharp's observations might be useful, but they would, we fear, be insufficient for the daily work of the physician.

The next Essay sets forth the value of pathology in the study of drug-therapeutics. Hahnemann is taken to task for his rejection of pathology. But we think that the present state of pathological science is Hahnemann's best vindication for the course he took. Nearly every pathological theory prevalent in the early years of this century—when Hahnemann was between 50 and 60 years of age—has been exploded long ago. There was nothing in the pathology of his day which could be made available in the treatment of disease. Consequently Hahnemann restricted himself to the observation of the facts of disease, to the symptoms evinced by the patient,—these neither physiology nor pathology could at that time explain. The vast strides which have been made in these sciences during the last five-and-thirty years place us in a different position, and we should be as culpable for neglecting to avail ourselves of the disclosures they have made, as Hahnemann was wise in rejecting the current pathology of his day.

The Essay on the *Physiological Action of Medicines*, which comes next, is a very interesting and useful paper, in which the objects aimed at in proving a medicine, and the manner in which

such an investigation should be proceeded with are carefully described.

In the seventeenth and eighteenth Essays, Dr. Sharp demonstrates the proposition that *Drugs to be remedies must affect the same organs as the disease affects*. Of the truth of this no one who believes in homœopathy can entertain any doubt. Though why it should be distinguished as *Organopathy* we could never very clearly understand. It is simply a part of homœopathy; it is involved in the word *similar*. If a drug is prescribed to meet symptoms similar to those it will itself produce in a healthy person, the organ whence those symptoms arise must in both cases be the same. It was, as Dr. Sharp remarks (p. 532), objected to this, even at the time it was first published, that it was defective, inasmuch as it contained no reference to the *kind* of action of the selected drug. In reply he says, "it should be sufficient to remark that this is a question which belongs to the superstructure and not to the foundation." With every respect for the opinion of Dr. Sharp, we must be allowed to differ from him here. In the selection of a remedy it is the *kind* of action which finally determines our choice. *Podophyllum, mercury, bryonia, cinchona, chamomilla, lycopodium, sulphur, iodine*, and other drugs, act upon the liver. But in a case of disease of that organ, a simple knowledge of the drugs which act upon it would merely provide us with an *embarras de richesses* of remedies. We must, in order to cure, select that drug which, besides acting upon the disease-invaded organ, produces in it a condition most like that in our patient. Dr. Sharp knows this as well as we do; and in a late essay admits and urges it. But we maintain that it is impossible to separate the two conditions of selection, and we think it to be regretted that Dr. Sharp has done so.

The four Essays which follow are devoted to the study of the *Action of Drugs*. The first of these is a particularly interesting account of the various efforts which have been made in times past to ascertain the *modus operandi* of drugs. As an interlude we have a capital description of gout.

In the twenty-first an attempt is made to classify drugs. A thoroughly good system of classification has long been sadly wanted. That proposed by Dr. Sharp is, in our opinion, the best hitherto suggested. Difficulties in the way of working it out there doubtless would be, but with careful study these might be overcome, while such an arrangement as that on p. 687 extended to a couple of hundred of our best-proved remedies, would be of great assistance to all students of *Materia Medica*.

In the succeeding Essay Dr. Sharp dwells upon the necessity of being guided in the choice of a medicine, not only by the organ or organs it chiefly influences, but by the *kind* of action it exerts upon the parts for which it has a special affinity. He

shows that for a real similarity to exist between the symptoms of a disease and those capable of being produced by a drug, the seat of action and the kind of action in each instance must be identical. The concluding part of the Essay is occupied with the details of a series of experiments performed by Dr. Sharp, from which he infers that "the action of small doses of drugs is in the opposite direction to the action of large doses," and that by reason of this "the law of Hahnemann, *Similia similibus curantur*, remains true when limited to large doses, and the law of Galen, *Contraria contrariis curantur*, is true when limited to the action of small doses." In other words, the former principle regulates the selection of the medicine, and the latter the choice of the dose.

The twenty-third Essay urges the performance of experiments to fairly and conclusively test those to which we have just referred.

In the two following Essays, entitled *Antipraxy* and *Antipathy*, the same idea, that a drug given in a large dose has a totally opposite action to that of a small one, receives further development, and certain criticisms which had been suggested by its full enunciation are replied to.

In the last Essay further experiments are recorded, tending to show that a drug which influences the healthy action of several organs does so in a different dose in each.

In concluding our remarks upon this handsome volume of Essays, some of which have done more than any others hitherto published to make homœopathy known and appreciated, we desire heartily to thank their author for the eminent service he has, by his very independent investigation of the homœopathic method of drug selection, conferred upon the progress of therapeutic truth in the practice of medicine, and to commend them to the attentive study of every member of the medical profession.

Homœopathy in Venereal Diseases. By S. YELDHAM, L.R.C.P. Edin., &c., Consulting Surgeon to the London Homœopathic Hospital. Third Edition. London: Turner & Co., 77, Fleet Street, E.C. 1874. Pp. 184.

This is a thoroughly practical and useful book upon the treatment of an important class of diseases, written by a surgeon whose experience has been unusually large. Dr. Yeldham here sets forth what he has seen in practice, and not, as do too many writers on this and other medical subjects, what he hopes to see!

The plan of the work is simple. After a brief and concise, but withal sufficient account of the symptoms characterising each form of disease, those medicines are pointed out which

have, in the author's hands, most satisfactorily met the indications which led to their selection in the first instance. The various adjuncts which, in addition to drug remedies, constitute a complete plan of treatment, are also carefully described. Then follow clinical illustrations, taken from the author's case-book, of the several disorders the nature and treatment of which he has previously given.

In the matter of dosage we need scarcely inform our readers, who must be familiar with Dr. Yeldham's views on this much-debated subject, that he is not afraid of using small doses of crude drugs or large ones of the decimal dilutions. As a matter of practical experience, he assures us that his success has been greater with these coarser preparations than it was with the higher attenuations.

We can heartily recommend this book to the attention of all medical men. It is well worthy of their study, and contains many hints of great value in practice.

Diseases of Women Homœopathically Treated. Second Edition.

By T. R. LEADAM, L.R.C.P. Ed., &c. London : E. Gould and Son, Moorgate Street, E.C. 1874.

The first edition of this work, issued many years ago, is well known to all homœopathic practitioners. During the last five-and-twenty years the author has filled with much efficiency the post of physician in charge of diseases of women at the London Homœopathic Hospital. The experience gained there and in private practice has been carefully used to correct and confirm the views expressed in the original edition. In the treatment of the class of diseases, to the treatment of which Dr. Leadam has devoted special attention, our colleagues will find many useful hints in the work before us.

We avail ourselves of this opportunity of expressing our sense of the important services Dr. Leadam has rendered to homœopathy by his devotion to the interests of the hospital from the active duties of physician to which he has recently retired. He was, we believe, a member of the original medical staff at the opening of the institution in 1849. From that day until he resigned a few weeks ago his attention to the sick entrusted to his care has been unremitting, and his efforts to promote the welfare and prosperity of the hospital have been unceasing. Dr. Leadam has retired, after a long period of service, with the regret of all who feel an interest in the hospital, and he has, we are sure, the hearty wishes of everyone connected with it that, with diminished public engagements, he may enjoy many years of usefulness and success in private practice.

EXTRACTS FROM MEDICAL LITERATURE.

At the late meeting of the *British Medical Association* a paper was read by Dr. Ross, of Waterfoot, near Manchester, on the *Action of Mercury*.

Dr. Ross seems, from his previous papers, and from the present, to be not very far from homœopathy. He says in this paper that mercury has an elective affinity for the white tissues of the body, and that this is the reason why it is useful in primary syphilis, whereas in the tertiary forms it is of no use, because there the tissues involved are not those acted on by mercury. This is just organopathy.

In the *Lancet* (June 27th) two interesting cases of *Exophthalmic Goitre* are recorded by Dr. R. T. SMITH, London, in which after other treatment had failed, immense relief was got from *belladonna*. The first patient was in a very bad state—symptoms well marked, profound anæmia, pulse 140, with “drenching perspirations.” He says :—

“I was now induced to try *belladonna*. Five minims of the tincture were given every hour. Compared with previous treatment the effect was surprising. In two days the pulse was 90, the palpitation very materially relieved, and the outbursts of perspiration very much subdued. In four days the pulse was 80, and on the fifth day the patient walked from King’s Cross to Paddington and back again. For ten days no other drug was given, and it had once to be suspended owing to an intercurrent attack of diarrhœa. The dose was then reduced to fifteen minims four times a day; subsequently iron was added. The relief of the palpitation, of the quick, throbbing pulse, and of the profuse perspiring was, so to speak, immediate. The patient was restored to comfort and ease in a fortnight. Amelioration in other respects was gradual, and is still progressing. The diplopia was removed in six weeks. It was quite two months before decided improvement in the exophthalmos could be reported.”

The second case was also severe, and equal improvement resulted from the *belladonna*. *Bell.* is undoubtedly *the* homœopathic remedy in exophthalmic goitre. He concludes by saying—“It is a rather interesting fact that in both patients there was a considerable development of fat after the relief given by *belladonna*. In both cases there have been some recurrences of the symptoms, but they have speedily given way on resuming the treatment. The drug was not given during sleep, and it is noteworthy that reduced doses sufficed as the treatment was continued. Harley states that moderate doses cause contraction, large doses dilatation of the arteries; and it is therefore of great importance that the varying susceptibility of individuals

in reference to this drug be kept in mind. But as there are cases of palpitation quite unassociated with exophthalmos and enlargement of the thyroid, which are greatly benefited by *belladonna*, it is possible that in the above two cases the relief given was primarily through the heart, the drug acting sedatively thereon."

In the *Medical Times and Gazette*, Aug. 22nd, is an interesting case of Graves's Disease (*Exophthalmic Goitre*), under the care of Mr. HUTCHINSON, where the disease was well marked, and the following is the report of the treatment by *belladonna* :—

"Patient was ordered one-sixth of a grain of extract of *belladonna* three times a day, which was afterwards increased to one-third, and then to one-half of a grain thrice daily. She continued in the hospital for about a month, gradually getting better. The first favourable symptom was the return of the catamenia to their natural condition, soon after which there was a marked diminution in the size of the bronchocele, her eyes became less prominent, the diarrhoea ceased, and the palpitation became less troublesome—in fact, at the end of a month she was so much better that she thought it unnecessary to stay in the hospital any longer. She was discharged with strict injunctions that should any relapse occur she was to return at once."

In the *Lancet*, Sept. 5th, is a very interesting paper by Dr. SYDNEY RINGER, on the use of *Ipecacuanha Spray in Winter Cough and Bronchitic Asthma*. Dr. Ringer first gives a charming picture of an *ippecac.* case, most minutely drawn, and much more so than could have been the production of one unacquainted with the *Materia Medica Pura*. In fact, no homoeopath who had fully studied his *Materia Medica* could have done it better. The source of Dr. Ringer's knowledge and his tendencies are now too palpable to be mistaken. After this picture he goes on as follows :—

"In this common but obstinate complaint our results have been very striking, although in many of our patients so bad was the breathing that, on being shown into the out-patients' room, they dropped into a chair, and for a minute or so were unable to speak, or only in monosyllables, having no breath for a long sentence. We used the ordinary spray-producer, with *ippecacuanha* wine pure or variously diluted. On the first application it sometimes excites a paroxysm of coughing, which generally soon subsides, but if it continues a weaker solution should be used. The patient soon becomes accustomed to it, and inhales the spray freely into the lungs. At first a patient inhales less adroitly than he learns to do afterwards, as he is apt to arch his tongue so that it touches the soft palate, and consequently less enters the chest than when the tongue is depressed. The spray may produce dryness or roughness of the throat, with a raw sore sensation beneath the sternum, and sometimes it causes

hoarseness ; whilst, on the contrary, some hoarse patients recover voice with the first inhalation. As they go on with the inhalation they feel it getting lower and lower into the chest till many say they can feel it as low as the ensiform cartilage. The dyspnœa is the first symptom relieved. The night after the first application the paroxysmal dyspnœa was often improved, and the patient had a good night's rest, although for months before the sleep was much broken by shortness of breath and coughing. The difficulty of breathing on exertion is also quickly relieved ; for often after the first administration the patient walked home much easier than he came to the hospital, and this improvement is continuous, so that in one or two days or a week the patient can walk with very little distress, a marked improvement taking place immediately after each inhalation ; and although after some hours the breathing may again grow a little worse, yet some permanent improvement is gained, unless the patient catches a fresh cold. We have heard patients say that in a week's time they could walk two miles with less distress of breathing than they could walk a hundred yards before the spray was employed. In some instances two or three days' daily spraying is required before any noticeable improvement takes place, this comparatively slow effect being sometimes due to awkward inhalation, so that but little *ipêcacuanha* passes into the bronchial tubes. The effect on the cough and expectoration is also very marked, these both greatly decreasing in a few days, though the improvement in these respects is rather slower than in the case of the breathing. Sometimes for the first few days the expectoration is rather increased. It speedily alters in character, so that it is expelled much more readily, and thus the cough becomes easier, even before the expectoration diminishes. Treated in this way the patient is soon enabled to lie down at night with his head lower, and in a week or ten days, and sometimes earlier, can do with only one pillow. This improvement occurs in spite of fogs, damp, or east winds—nay, even whilst the weather gets daily worse, and when the patient is exposed to it the chief part of the day. All these patients came daily to the hospital. Of course it is much better to keep the patient in a warm room."

He then gives some cases in illustration. His proposal seems a very likely one, as it is always desirable, when possible, to use a medicine locally as well as internally, when it is indicated.

In the *Medical Times and Gazette*, Aug. 15th, occurs a very interesting paper on *Aneurism of the Aorta*, by Dr. SHAPTER of Exeter. It is too long to do more than simply allude to it. He draws attention to the value as a diagnostic sign, of a very sharply accentuated cardiac second sound, illustrated by a case. This sign was first noticed some years ago by Dr. W. Begbie of

Edinburgh. The case recorded is also valuable on account of the very remarkable improvement under the use of *iodide of potassium*, in doses of two drachms daily, for upwards of three months. The man ceased to consider himself an invalid for some time before his discharge from hospital, and said he had not been so well for years.

In the *Lancet* (July 25th), Dr. WILLIAMSON of Ventnor states (with cases) that he has found very great relief in the *Perspirations of Phthisis*, from the internal use of *atropia*, in doses of the sulphate, commencing with $\frac{1}{80}$ of a grain.

In the *Medical Record* (Aug. 12th) are several cases referred to of beneficial results in *Uterine Fibroids*, from the hypodermic injection of *ergotine*. They are all American cases. One of the surgeons has abandoned the practice of injecting into the abdominal walls, and finds equally good results from injection in the arm.

In the *British Medical Journal*, Sept. 5th, Dr. LANE of Dunfermline gives an interesting case of the hypodermic injection of *ergot* in *Purpura Hæmorrhagica*. The case was one of typhoid fever, and purpura supervened, accompanied by hæmorrhage from all the outlets. All the ordinary styptics were of no use. He then injected one grain of the liquid extract of *ergot* at a time. "After the first injection, the hæmorrhage from the nose, the stomach, the bowels, and bladder diminished greatly, while fewer new purpuric spots appeared on the body. The second injection completely arrested the hæmorrhage," and the patient recovered.

The "Address in Surgery" at the late meeting of the *British Medical Association*, by Mr. CADGE of Norwich, is well worth study. It is on the *Causes of the Production of Calculi*. We shall only notice one point, viz., the differences found to exist in point of locality in the frequency or the reverse of stone in children. In the Midland Counties and in Norfolk, stone is found in the majority of cases in children, while in Aberdeenshire it is rare in children, though common in old men. This fact we know to be correct. Mr. Cadge also finds that in Norfolk and the Midland Counties, stone occurs rarely in the upper classes. He next remarks that in Scotland milk is abundant, while it is scarce in the Midland Counties and in Norfolk. Mr. Cadge then says: "I affirm that strict enquiry shows that the abundance of stone in children of urban over rural populations, and of one district over another, will be found in strict accordance with the difficulty of procuring milk." Curiously corroborative of this view, Mr. Cadge states that the one case he has seen of stone in a child in the upper classes, was a child who never could take any milk.

In the *Medical Record* (Aug. 12th) is an interesting case of *Chronic Inflammation, and probably Ulceration of the Bladder*, of

eight years' duration, treated by Dr. MACGUIRE of America, by the introduction of an india-rubber drainage-tube into the bladder through the urethra. The tube was retained four months, and the patient quite recovered. D. D. B.

NOTABILIA.

MEDICAL INTOLERANCE.

How the thinking portion of the population regard the intolerance of allopaths towards medical men practising homœopathy, is every now and again made known through the daily or weekly press. For example, the London *Figaro* (Sept. 9) devotes a leading article to this subject, in which, after some general observations on Medical Intolerance, the writer proceeds as follows :—

“ Our attention has been directed to the ungenerous treatment of homœopaths by allopaths. We offer no opinion upon the merits or demerits of homœopathy. Such a discussion would be unsuitable for our columns. The *Homœopathic Review* remarks that the allopaths refuse to meet homœopaths in consultation at the bedside, or to admit them to medical societies, or to allow them to fill public professional appointments. Now, we say that a candid allopath must admit that there is no justification whatever for such conduct.

“ The homœopathic physician is as well educated as the allopathic physician, and he has to deal, and does deal, with the same symptoms and the same diseases. The main differences between the two systems are, that the homœopath thinks that, in the doctrine of *similia similibus curantur*, he has the key to certainty, or an approximation to certainty, in his treatment. The other difference is, that the homœopath does not administer drugs in their crude forms, and holds that small doses are more efficacious than large doses.

“ The *Medical Press and Circular* of the 19th August says that the medical profession (that is, the allopathic branch) ‘ regards with the most perfect toleration the theory and practice of *similia similibus*.’ Well, that was not always the case, and the *similia similibus* doctrine was derided by the allopaths. To be sure, there is nothing in the theory to offend the allopaths. For the homœopaths act strictly on experiment. They do not prescribe a certain medicine because to do so would accord with a theory, but they prescribe a medicine because they know its effects by observation. The allopaths will not deny that the theory of *similia similibus* is very often true, and a homœopath would not hesitate to prescribe a medicine because it did not square with the aforesaid theory.

“As to the infinitesimal dose theory, the homœopaths hold to it without blind bigotry. They say they try it and find it efficacious. They say that they think it more efficacious than the allopathic plan of administering large doses of drugs in what they call a crude form. But they do not say that the allopathic doses are always inefficacious. They do not say that disease cannot be cured by allopathic doses. All their contention is, that the homœopathic system is the best.

“If allopaths do not admit the soundness of the *similia similibus* theory, they accept the results of it; and whether the theory is true or false, whether it is or is not the key to the solution of the problem of greater certainty in the treatment of disease, there is nothing in it to prevent the homœopath being met in consultation by the allopath. As to the doses, there is a difference; but it is not the difference between art and quackery. The homœopath does not prescribe nostrums. The homœopathic physician, like the allopathic physician, prescribes according to his judgment of the symptoms and constitution of the patient.

“Is it not, then, most intolerant for the allopaths to refuse to meet the homœopaths in consultation? Beyond question, allopathic doctors differ from each other as widely as it is possible for allopath and homœopath to differ. The whole community, as well as the profession, suffer from the unjustifiable intolerance. In this matter, at all events, we are free from bigotry, and we are confident that, if allopaths did not hold aloof from the homœopaths, both one and the other would be benefited, the noble art of healing would be more rapidly improved, and suffering humanity would have cause to rejoice at the reunion of the medical profession.”

A SCHOOL OF HOMŒOPATHY IN PARIS.

(From Report of Meeting of the *Société Médicale Homœopathique de France*, May 4th, 1874.)

At the preceding meeting, a commission composed of Messrs. Crétin, Frédault, Gonnard and Jousset were charged to present a report on the question of the teaching of homœopathy. M. Gonnard, reporter to the Commission, read the following conclusions:—

Gentlemen,—At the meeting of Monday, the 20th of April, 1874, the Homœopathic Medical Society of France adopted in principle the constitution of a course of homœopathic instruction for the ensuing year, and it entrusted the study of the plan of execution to a Commission composed of Messrs. Crétin, Frédault, Jousset and Gonnard.

I am charged to present to you the result of the studies of the commission. This statement will be easy, considering that the Commissioners have been unanimous in appreciating in the same form the need there is of instruction.

A novelty in medicine (and homœopathy is still a novelty to a numerous medical public, the object of our proselytism)—a novelty in medicine cannot plead its cause but by the at once rapid and irrefragable means of the *clinique*.

It was then logical to consider clinical teaching as the indispensable and fundamental outline of our course of instruction.

However, a clinical course does not suffice, and cannot be the whole of our propaganda. This *clinique*, obliged to borrow its elements from our single hospital establishment at the Maison Saint-Jacques, will be necessarily limited by the small number of our beds, and by there being but one acting professor. Moreover, a *clinique* generally presents but individualities, more or less numerous, diverse, and interesting, according to the chances of the place and time where it goes on: the study of types in medicines or maladies cannot enter it, save episodically. Also, even in holding to the ambition to instruct in medical practice, we are forced to acknowledge that it must be taught chapter by chapter, *ex cathedra*,—selected chapters, if circumstances will not permit us to develop the whole plan of the work.

In short, can and should a homœopathic teaching barely demonstrate the superiority of our treatment in comparison with the errors of tradition? Is it not necessary and worthy of our acceptance to support the debate on the ground of the doctrines and the history of medicine: to establish the scientific titles of our method, the dogmatic alliances in which homœopathy recommends itself, its absolute and comparative doctrinal value; and to place sequentially in evidence the injustice of critics, and the disgrace of persecution, and the necessity of a reinstatement, that we ought always to vindicate for an unknown truth?

The proposed teaching for the coming year comprises, then, in the idea of the Commission, three distinct courses:—

1st. A *clinique*, for which the elements will be furnished by the wards and by the consultations of the Maison Saint-Jacques.

2nd. A course of *Materia Medica* and *Therapeutics*, passing in review maladies and medicines under the two following titles: "A Disease and its Homœopathic Treatment;" "A Medicine and its Homœopathic Applications."

3rd. A course of lectures of more elastic and general character, under the title of "History and Doctrines."

This question of the programme once studied, the Commission has had to examine several other points of the organisation: the place, the time, the day, the hour of the courses; and the number of the lectures and the professors.

The Homœopathic Hospital of Paris, Maison Saint-Jacques, opened under the auspices of the Homœopathic Medical Society of France, was naturally designed as a home for this school, which you have had the thought to create: this instruction is a new work of propaganda, adding itself to the first work of the Society, as a new pledge of our hopes for the future.

It has appeared to the Commission:—

That the lectures ought to commence about the middle of November, and to continue during six months until the middle of May.

That each week should admit three lectures: one of *Clinique*, one on *Materia Medica and Therapeutics*, and one on *History and Doctrines*.

That these lectures be appointed to take place on Tuesdays, Thursdays, and Saturdays in each week, at five o'clock in the evening.

The administrative commission of the Hospital of Saint-Jacques should be called to help these arrangements with its benevolent co-operation, initiated by the Homœopathic Medical Society of France.

As to the professorial *personnel*, it is already designated for the course of *Clinique*, which necessarily falls to the heads of the service on duty during the period from the 15th of November to the 15th of May.

The two other courses, "*Materia Medica and Therapeutics*," and "*History and Doctrines*," call forth the service of numerous exponents, and the Commission considered that the outline of these two courses were large enough to give place to more than one initiative.

Voluntary applications are therefore desired and hoped for, but it is important that they should be promptly made, considering that at the last meeting, necessarily early, there must decisively be arranged the programme of lectures to be delivered, with their title and date: the division of the task between the professors would be thus made before the period of vacation, leaving to each the necessary time for his individual preparation.

In consequence, these voluntary offers should be received during the next eight days by Dr. Gonnard, Secretary of the Commission.

It is now for the Homœopathic Medical Society of France to amend or to sanction the arrangements that the Commissioners have traced out, in accordance with the trust which has been consigned to them.

The conclusions of the report were adopted, and a delay of a fortnight accorded for the inscription of the names of those who desired to take part in the course of teaching.

PRIZE ESSAYS.

THE Central German Homœopathic Society has, in the *Allgemeine Homöopathische Zeitung*, just issued a notice inviting competition for two prizes of a hundred thalers each. The subjects proposed are the same as those selected last year, as only one essay was received, and that one not of sufficient merit to warrant a prize being awarded to it.

The first essay is to describe briefly, but at the same time with sufficient fulness, a case of disease entirely cured by homœopathic remedies.

Dr. Kafka, of Prague, is appointed to receive all essays sent in on this subject.

The second prize is offered for an essay on some medicine already proved and in use. The writer is expected to add to existing knowledge respecting it, and so to discuss its physiological action and therapeutic use as to render its employment more successful in the future.

Dr. Clotar Müller, of Leipsic, will receive essays on this subject.

Essays must be sent in before the 1st of April, 1875. They must not be in the handwriting of the author, and must bear a motto corresponding to one on the cover of a sealed envelope containing his name and address.

It is not stated in what language the essays are to be written, but we presume that any continental language will be accepted; such, at any rate, is usually the case.

The judges of the essays are, of No. 1, Dr. Kafka, Dr. Elb, medical councillor, of Dresden; and Dr. Bähr, sanitary councillor, of Hanover. No. 2 will be awarded by Dr. Clotar Müller and Dr. Lorbacher, of Leipsic, and Dr. Rentsch, of Weimar.

The notice is signed on behalf of the society by Drs. Fischer, Müller, and Gerstel.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of this Society takes place to-night. The proceedings will commence with a short address by Mr. POPE, Vice-President, after which Dr. WYLD will read a paper entitled, *How best to secure a Therapeutic Repertory*.

The subscriptions for the ensuing year become due at this meeting, and a great deal of needless trouble will be saved by members forwarding their dues at once to the Secretary.

OBITUARY.

F. E. ANSTIE, M.D.

THE announcement in the *Times* of the 14th ult. that the distinguished editor of the *Practitioner* was numbered with the dead, cannot fail to have aroused a deep feeling of grief wherever medical science had a votary. Comparatively brief as was the professional career of Dr. Anstie, it was long enough for one so full of energy to accomplish a large amount of original research and fruitful labour.

As a contributor to the medicine of his time Dr. Anstie will be chiefly remembered by his work on alcohol, by that on neuralgia—on the preparation of a second edition of which he was engaged at the time of his death—and as the founder, editor, and chief contributor of the *Practitioner*. He had also for many years formed one of the literary staff of the *Lancet*. Dr. Anstie had likewise thrown himself with great energy into the work of sanitary reform, and much that has been effected in the improved sanitary legislation of late years is traceable to his exertions.

Dr. Anstie's *penchant* for therapeutics—to further the knowledge of which it was that the *Practitioner* was established by him—necessarily brought him into collision with homœopathy. In the discussion which took place in the *Practitioner* on the value of *ipêcacuanha* in vomiting, he was brought face to face with a striking and unmistakeable illustration of the reality of the law of similars as a guide to the selection of medicine. But here his courage failed him. The *fact* he attempted to account for by a theory totally untenable, lacking even the merit of ingenuity, and thenceforth any and every communication from an avowed supporter of the doctrine of similars was unnoticed. Such a line of conduct we have ever regretted. Had Dr. Anstie possessed the courage necessary to resist a deeply-rooted and widely-spread prejudice—based as it is entirely upon ignorance—he might, with his great and honourably-earned influence, have done much, very much, towards strengthening the foundations and enlarging the boundaries of therapeutics.

Associated with many men in the various public duties in which he was engaged, he had won not only their esteem for him as a highly-intellectual colleague, but their affection for him as a warm-hearted personal friend.

His death arose from the effects of the prick of a needle when examining the body of a child who had died of peritonitis. The poison absorbed from this slight wound caused diffuse cellulitis over the right side of the chest, acute pleuropneumonia, and general blood poisoning.

Dr. Anstie was a King's College student, a Graduate of the University of London, Fellow of the Royal College of Physicians,

and Physician to the Westminster Hospital. He died on the 12th ult., in the 41st year of his age.

DR. MOUREMANS.

THIS well-known Belgian physician died at Brussels on the 9th of August.

Dr. Mouremans was the first physician in Belgium who practised homœopathically, and to his untiring exertions the rapid spread of the doctrines of Hahnemann in that country is due. He was born in Brussels in 1803, and graduated in the University of Ghent in 1829. After passing a year in the hospitals of Paris, he returned home to take a part in the revolution which was proceeding in Belgium. He was at once attached to the hospital of Saint Jean, and the first patient brought in after his arrival was his own brother, who had received a mortal wound in the attack on the Parc de Bruxelles. During the two years following the revolution he was engaged as surgeon on board a man of war.

Somewhat later the doctrines of Hahnemann attracted his attention, and for a considerable period he devoted himself to their study. Thoroughly convinced that they formed the expression of an important truth, he, with others anxious to disseminate the practice of homœopathy, established a dispensary in a populous part of Brussels, known as the Quartier de Notre Dame-aux-Neiges. In 1855 he, together with Dr. de Molinari and some other homœopathic physicians in Brussels, founded the Hahnemann Dispensary in the Rue Pachéio. A couple of years later and we find him opening dispensaries in Bruges, Anvers, Tirlemont, and Arlon, and in each place settling one of his own pupils. His own dispensary in Brussels was afterwards removed to the Rue de Laeken, where he held a regular clinique three times a week, and attended to the wants of a very large number of patients. For three years he assisted in editing *L'Homœopathie Belge*; and in 1862 commenced the *Journal du Dispensaire Hahnemann*. This ceased to appear in 1869, and has been recently succeeded by the *Revue Homœopathique*, edited by Dr. Martiny. His private engagements were numerous, but he had notwithstanding energy and devotion adequate to enable him to persevere with the large amount of public work he undertook.

About five years ago his health began to break down, and the existence of organic disease of the heart was but too obvious: to this, after repeated attacks that often threatened his life, he succumbed on the 19th of August.

At the funeral, which took place two days after his death, there were present, besides his immediate relatives, a large number of his former patients, all the homœopathic physicians

of Brussels, and very many from the country towns. Addresses were delivered at the grave by Dr. Gaudy and Dr. Martiny.

He was a man whose energy, devotion, skill, and tenderness rendered him warmly loved by a goodly band of pupils and a large body of patients among both rich and poor, by whom his death is deeply mourned.

CORRESPONDENCE.

THE HOSPITAL STAFF AND LECTURES.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In reply to your attack on the medical staff of the London Homœopathic Hospital, I might content myself by saying that it did not concern me, as some years ago I had been refused the permission I sought to lecture on Diseases of Children; but as I am aware that for the last few years no such barrier existed, I am very happy to share your onslaught, as well as any responsibility that may attach to my colleagues.

In reference to the charge you bring against us, I would simply say that the statement that the lectures delivered 15 or 16 years ago having failed to secure a class, no further effort has been made, is not correct. An effort was made at a much more recent date, when the presence of some students gave hopes that a class might be formed, these gentlemen being applied to, distinctly said that they dared not attend lectures at the hospital.

As a rule, when gentlemen have come to the hospital to look into homœopathy, they have given but a very brief attendance, and have been content with such explanations of cases of interest that came under notice as we could give, without doing it in the regular lecture form.

In your article you lead your readers to suppose that a sort of hole and corner meeting was held to dispose of Dr. Hughes's application. The fact is this. A meeting of the Medical Council was summoned in the ordinary way by the regular authorities. It did happen that some of the staff, who do take a deep interest in the welfare of the hospital, made it their business to attend, and individually expressed their opinions on the proposal; but those other gentlemen who are supposed to take a very deep interest in this question were, with the exception of Dr. Bayes "conspicuous by their absence." Each one of them may have had an excellent reason for being absent, but your remarks are unfair to those who were present, as they had nothing to do with the calling of the meeting, and merely attended in their individual capacity.

As Dr. Hughes's offer was declined, there seemed to be a feeling that the experiment should be tried of giving lectures, so as to see whether we could not do better now than was done for-

merly, and it was intimated to me by some whose opinions I respected that I ought to undertake the duty of lecturing on *Materia Medica*, as I had formerly lectured on this subject in an allopathic school of medicine.

Having the duties of secretary to the British Homœopathic Society, the superintendence of the preparation of a new edition of the Homœopathic Pharmacopœia, my private practice, and other matters to attend to, my time is pretty fully occupied; but when this came as a sort of challenge to the staff, my feeling was to accept it, and I began seriously to think over how best to make a course of lectures attractive, and how my colleagues might do their part, lecturing on other subjects.

The question has, however, now assumed a different shape altogether by the party-spirit which has been imported into it, and which has made the desirability of giving lectures at the present moment of doubtful expediency.

This, however, is a subject for consideration that cannot be so easily decided when those that it is desirable to consult are out of town.

I remain, yours faithfully,

WILLIAM V. DRURY.

7, Harley-street. Cavendish-square, W.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—At this dull time of the year, when it is the custom of editors and others to expose abuses, lecture constituencies, and discover mare's nests, you have been pleased to criticise the decision arrived at by the medical council of the hospital touching the proposed lectures on *Materia Medica*, and you assume in your remarks in this month's number of the *Review* that, owing to such decision, the medical staff are deficient in that zeal and enthusiasm required for indoctrinating our allopathic brethren with the knowledge of homœopathy. If the standard of enthusiasm which you look for has not been reached, there is abundant evidence of something quite equal to enthusiasm—a self-denying zeal on the part of the staff by which the cure work of the hospital is being carried on, with but scant encouragement from our London and provincial colleagues, and some of those now most clamorous for these lectures are gentlemen who retired from the staff of the hospital in the hour of the hospital's need—a strange proof on their part of either zeal or enthusiasm.

They have been challenged to produce proofs that the demand for lectures exists on the part of those for whose benefit the lectures were to be delivered, but no satisfactory proof is forthcoming.

The whole project is based upon *spes quia impossibile*; and I contend that, relying upon such a foundation, the staff would not be justified in the undertaking. If I and those who agree

with me are wrong in coming to this conclusion, let the proofs we demand be produced, and I for one will throw myself heart and soul into the work.

I remain, Gentlemen, yours very truly,

ROBERT DOUGLAS HALE.

[We do not, and never did, expect that a class could be obtained at the hospital of young men *in statu pupillari*. Neither do we think it desirable that such persons should attend the lectures we are anxious should be delivered there. They have enough, and more than enough, to do with preparing themselves for examination in the therapeutics of the schools to allow of their adding to their labours the study of homœopathy. But there are numbers of men who, having qualified, are either acting as assistants or are waiting for practice, to whom such lectures would be invaluable, and who might be expected to avail themselves of the opportunities of studying homœopathy, such lectures as we have advocated would afford. How lately the last course of lectures was delivered at the hospital we cannot say, but we feel tolerably sure that nothing has been attempted for at least eight years, neither, save through the intimation in Dr. Drury's letter, do we know of any effort later than fifteen or sixteen years ago.

We do not think that Dr. Drury is justified in saying that we led our readers to suppose that the council meeting was of the "hole and corner" order. What we said was that it was a small one, and we may here add that no intimation was given in the circular convening it of the nature of the "proposal" which was to constitute its business. Neither can we admit that our remarks were unfair to those who were present; certainly we are not aware in what particular they were unfair. We hold that Dr. Drury's public and private engagements amply justify him in not lecturing; they fully relieve him of the obligation to do so. That they do so, however, is no justification of his being a hindrance in the way of others who are both willing and ready to perform so important a duty.

The last sentence in Dr. Drury's letter is one which we much regret that he should have written. In it he alleges the existence of a "party-spirit" as animating those who are anxious to see courses of lectures on Materia Medica and Clinical Medicine established at the hospital. We know of no "party" in the matter. The only motive that could prompt Dr. Richard Hughes to make such an offer as that which has been rejected—the only motive which has induced those who supported him to do so—was an earnest desire to give fuller opportunities to medical men to study homœopathy. What other object could they have?

It will be observed that Dr. Drury gives no reason whatever for the refusal of Dr. Hughes's offer. Dr. Hale, however, does;

and seems to think that no lectures should be attempted until the medical profession in London has been canvassed for an audience! We know that an interest in homœopathy is spreading; we know that homœopathically-acting medicines are being more and more constantly used by all members of the profession; we know that two considerable editions of Dr. Hughes's work on *Pharmacodynamics* have been sold, and that there is good reason to believe that these editions have been absorbed by medical men who are not supposed to practise homœopathically; we hold, therefore, that we are justified in believing that an audience would be secured, especially by one who is already favourably known as an author, on the subject lectured upon. If the medical staff remains silent until outsiders ask them to teach them, nothing will ever be done. Which of our missionary societies was ever memorialised by a heathen country to send missionaries to its inhabitants? If the good people of this country had waited until such an application had been made to them, England would never have done anything for the evangelisation of the world. No; we must go forward, and press a knowledge of the facts of homœopathy upon our generation, however unwilling to listen to us we may suppose them to be.—
EDS. M. H. R.]

ON ALCOHOLIC DILUTIONS OF NITRIC ACID.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—At pp. 435–6 of the current vol. of the *Review*, Dr. Richard Hughes is reported to have said that he believed Hahnemann's method of potentising nitric acid with alcohol converted it into nitric ether, and that the provings thereof were unreliable in consequence.

But in Dr. William Gregory's *Handbook of Organic Chemistry* (1852), p. 193, we read as follows: "When 2 fluid ounces of alcohol and 1 ounce of *pure* nitric acid of *s.g.* 1.4 are *distilled together*, with the addition of 10 to 20 grains of urea, to destroy any nitrous or hyponitrous acid, the distillation proceeds calmly and smoothly, and the distilled liquid contains water, alcohol, and nitrate of ethyle, which partly separates towards the end of the process as a heavy oily stratum, and is more completely separated by the addition of water."

If this be correct, then, as Hahnemann's dilutions were made with *dilute* nitric acid, and were *not* distilled or heated, nitric ether was *not* produced, and the provings are really those of nitric acid, as stated by him.

Yours obediently, •

E. W. BERRIDGE.

Highbury New Park. Aug. 7, 1874.

[There is no reason for supposing that the dilution of nitric

acid with water prevents alcohol from acting upon it. Though it is true that distillation is a necessary part of the process of making pure nitric ether, still distillation only brings out qualities already there. The mixture of alcohol and acid necessarily causes decomposition, and the result is, in a broad sense, ether—a less pure ether than that obtained by distillation, but ether nevertheless.—Eds. *M. H. R.*]

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. SMART, Dr. HALE, Dr. DRURY, Dr. YELDEHAM, and Mr. STRETTON, London; Mr. NANKIVELL, York; Dr. D. D. BROWN, Aberdeen; and Mr. STEPHENS, Cannes.

BOOKS AND PERIODICALS RECEIVED.

Free Phosphorus in Medicine, with special reference to its use in Neuralgia: a Contribution to Materia Medica and Therapeutics. By J. ASHBURTON THOMPSON, Surgeon-Accoucheur to the Royal Maternity Charity, &c. London: H. K. Lewis, Gower-st. 1874.

Text-Book of Modern Medicine and Surgery, on Homœopathic Principles. By E. HARRIS RUDDOCK, M.D., &c. London: Homœopathic Publishing Company, Finsbury-circus. H. Turner & Co., 77, Fleet-street, E.C. 1874.

Hours with Christ. By the Author of "Who Wins?" &c. London: Simpkin & Marshall. 1874.

Boston University Year Book. Boston: E. D. Houghton & Co. 1874.

Boston University School of Medicine.—Second Annual Announcement, August 1874.

Trial of W. Bushnell, M.D., S. Gregg, M.D., G. Russell, M.D., D. Thayer, M.D., M. Fuller, M.D., H. L. H. Hoffendahl, M.D., J. T. Talbot, M.D., and B. West, M.D., all of Boston, for Practising Homœopathy while they were Members of the Massachusetts Medical Society. Boston, 1874.

American Observer of Homœopathy, August 1874. Detroit.

The Medical Investigator, August 1874. Chicago.

The American Journal of Hom. Mat. Med., July & Aug. Philadelphia.

The United States Medical and Surgical Journal, July. Chicago.

The Hahnemannian Monthly, September 1874. Philadelphia.

Bulletin de la Soc. Méd. Hom. de France, September. Paris.

Bibliothèque Homœopathique, September. Paris.

Revue Homœopathique Belge, September. Brussels.

Allgemeine Hom. Zeitung, September. Leipsic.

Internationale Hom. Presse, Bd. IV. Hft. 8 & 9.

El Criterio Médico, August and September. Madrid.

Rivista Omiopatica, August. Rome.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E., or to Dr. H. NANKIVELL, Penmellyn, Bournemouth. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

RATIONAL MEDICINE,

ALIAS

HOMŒOPATHY.

OUR medical schools are once more in full work. As has been the custom through many generations of students the session has, in all save one of the London Hospitals, been opened with an address delivered by a member of the lecturing staff, or, as in the case of Guy's Hospital, by one who once taught within its walls. These occasions have commonly enough been devoted to pointing out the glorious and beneficent character of the profession of medicine, and to assuring all who desire to enter within its pale that hard work is alone necessary to achieve success in its practice. More recently, however, the opportunity has been seized for bringing into prominent notice some one or other of those features which distinguish the practice of medicine in our time, from the methods which prevailed some few years back. Addresses of this kind have considerable value. They are at once retrospective and prospective. They point to what are regarded as the errors of the past, they estimate, perhaps somewhat unduly, the knowledge of the day, but still rarely fail to anticipate more accurate information if certain lines of research are actively pursued. They are, however, often per-

vaded by an air of satisfaction which is open to criticism, and not unfrequently do they announce, as of modern origin, views and principles which have been propounded and acted upon years before those who herald them at such times had any existence.

Every scientific truth wide-reaching in its influence, opposed to all previous experience and subversive of many a cherished belief, has ever been the subject of ridicule when first brought under general notice; it has then been warmly denounced; this stage has been followed by one in which it has been partially accepted; when finally it is acknowledged as a reality—but with the saving clause attached, that it is no new thing at all, but has been admitted to be a truth time out of mind! It is even thus that opponents console themselves when opposition to a truth they have alternately laughed and raved at is no longer possible.

The history of homœopathy is no exception to this mode of scientific progress. How it has been jeered at, how it has been cursed, how its adherents have, from the fact of their adhesion, had all sorts of crimes laid to their charge, we all know. So lately as within the last few weeks, a medical periodical has thought fit to describe all homœopathic practitioners as guilty of a “public fraud.” There is nothing strange or uncommon in a gust of slander from the *Medical Press and Circular*, but that the editor should conceive it possible for the community in general to credit his statement is somewhat singular! Though the voice of calumny is less frequently heard than was the case some twenty years ago, when the rage of the medical press was at a white heat, it is not much less venomous in its occasional utterances now than it was then. While, however, homœopathists are said to be fraudulent people and so on, those who thus describe them are none the less actively engaged in collecting together for their own use as good imitations of these “frauds” as they well can do. Homœopathy has rather

thriven than otherwise under the persecutions which have followed those who have declared their belief in it. The chief end and purpose of describing homœopathy as a fraud, and practitioners of homœopathy as knaves and fools, has not been accomplished by them. It still shows a bold front; its votaries hold up their heads and look like men possessed of the *mens conscia recti*. How then is homœopathy to be extinguished?—for that, if our opponents are to be credited, must be done, cost what it may. The answer to this question seems to be that all which is distinctive of homœopathy and of the practice of those who represent it must be re-discovered! For many years individual practitioners have, by the light of the writings of homœopathic physicians, “discovered” the uses of a number of medicines which were originally made known by the law of similars. Presently it was declared, on high authority, that the properties of drugs were best ascertained by the study of their physiological action upon man and the lower animals. Some of the results obtained by this method of investigation were, when compared with previous empirical clinical observations of undisputed accuracy, eminently suggestive of a homœopathic relation existing between the *modus operandi* of the drug *in corpore sano* and the disorders it was known to cure. A roundabout theory was not long in framing, sufficiently ingenious to satisfy objectors on this score. Then we were all told that the experience of some eminent physicians had lately taught them that it was much more satisfactory, much more conducive to a successful management of disease to prescribe one medicine at a time, than to order an “elegant mixture.” Not long after it was “discovered” that, when given to meet certain indications, very small doses were alone desirable. That, for example, if fever was to be checked by *aconite*, drop or half-drop doses were amply sufficient. If vomiting was to be allayed by *ipêcacuanha*, drop doses were fully equal to the occasion.

Not one of these would-be-thought original observers has ever hinted that each of these medical doctrines was taught seventy years and more ago by HAHNEMANN. Not one of them has dared to avow that they have been and still are the basis of the practice of those who are called homœopathists. Nor has one of them hitherto admitted that collectively they constitute a "public fraud!" On the contrary, the chief of these doctrines, the basis of all the rest, are now set forth as RATIONAL MEDICINE by the gentleman who opened the medical campaign at King's College on the 1st of October last.

The estimate formed by Dr. Ferrier of the present state of therapeutic knowledge is not much, if at all, in advance of that which Professor Christison valued it at twenty years and more gone by. After tracing the greatly increased exactitude of physiological and pathological science during the last two decades, he says:—

"It is easy to trace the enormous influence for good which this development of physiology and of minute anatomy, normal and abnormal, has had in explaining and giving precision to our knowledge of the phenomena of disease; so that whatever opinion may be held as to the rate of our positive progress, we may regard a return to the speculative and erroneous notions of the past as well nigh an impossibility. Yet it requires no lengthened examination to satisfy ourselves that, however accurate our knowledge of the true pathology of disease and the means of diagnosing it may have become, our knowledge of therapeutics has not advanced to a like extent, and that as far as treatment is concerned we are in a great measure mere empirics, our only reason for the faith that is in us being, that such and such a plan of treatment has been found beneficial by those who have preceded us."

Again, in an earlier part of his address, Dr. Ferrier points out the unscientific character of the therapeutic art in the following terms:—

"The tendency of modern medicine," he says, "is to place

therapeutics on a rational scientific basis, as contradistinguished from its present position—that of almost pure empiricism. Strange though it may seem, notwithstanding the thousands of years during which medicine has been cultivated, notwithstanding the numerous sciences which we call medical science, the term ‘science’ is scarcely applicable to that department of it which relates to the treatment of disease by means of remedies. We have in the recorded experience of past and present generations, an immense accumulation of material, valuable and the reverse, relating to the influence of drugs on the progress of disease; but we are sadly in want of accurate generalisation, and the establishment of definite and precise laws as to their efficacy and employment.”

This is the “key-note” which has been sounded for many, many years in the lamentations that have so often been uttered by experienced teachers of therapeutics over the imperfections of their art. Whewell has somewhere remarked that a science is a “collection of general truths inferred from facts by successive discoverers.” Dr. John Brown, in his *Horæ Subsecivæ*, defines science as a “conscious and systematized selected knowledge;” and again as “a body of ascertained truths—as having to do with doctrines.” Most assuredly the ordinary drug-treatment of disease is no science, if these definitions are as correct as we believe they can be proved to be. How then is this much desired accurate generalisation to be obtained? Dr. Ferrier answers this question by the following passage, quoted from Dr. Gamgee’s *Science and Medicine*:—“It will only be when general laws connecting disease with health, and establishing a perfectly rational system of therapeutics, shall be applicable to the whole body of medical facts, that the term ‘science’ will be legitimately applicable to medicine. Experimental pathology, studying the synthesis of disease,—and experimental pharmacology, localising the action of drugs on the tissues and organs of the body—are fast following in the steps of the rapidly advancing science of physiology, of which

they are but departments, and young though they are, are furnishing the materials for a real science of medicine."

It will have been seen that Dr. Ferrier deploras the empirical character of therapeutics; that he laments over its want of scientific precision; that he regards some accurate generalisation as essential to secure a scientific *locus standi* for the art of drug administration; that he looks partly to the examination of the recorded experience of the past and partly to experimental pathology—studying the synthesis of disease, and to experimental pharmacology—localising the action of drugs in the tissues and organs of the body, as the sources whence this much-desired "accurate generalisation" and these "definite and precise laws" may be obtained.

Such as Dr. Ferrier's position is now, Hahnemann described his as having been when he addressed his letter to Hufeland on *The Necessity of a Regeneration of Medicine* in 1808.

The course of study described by Dr. Ferrier as that which will lead to scientific precision in therapeutics, was that followed by Hahnemann—was that which led up to homœopathy! The result which followed in Hahnemann's case will unquestionably be that at which Dr. Ferrier will arrive, if he do but boldly and honestly pursue the researches he has here described.

In this letter* Hahnemann tells Hufeland that it was

"Painful to him to grope in the dark, guided only by our books in the treatment of the sick—to prescribe, according to this or that (*fanciful*) view of the nature of diseases, substances that only owed to mere opinion their place in the *Materia Medica*; I had conscientious scruples about treating unknown morbid states in my suffering fellow-creatures with these unknown medicines, which, being powerful substances, may, if they were not *exactly* suitable (and how could the physician

* "Lesser Writings of Samuel Hahnemann," translated by R. E. Dudgeon, M.D. London: Headland. 1851. P. 581.

know whether they were suitable or not, seeing that their peculiar, special actions were not yet elucidated), easily change life into death, or produce new affections and chronic ailments, which are often much more difficult to remove than the original disease."

In this passage Hahnemann shows his full recognition of the empirical character and want of scientific precision in drug therapeutics.

Further on he tells Hufeland that in "his eight years' practice, pursued with conscientious attention," he had "learned the delusive nature of the ordinary methods of treatment." Arguing that there must be some method "whereby diseases may be seen in the right point of view and be cured with certainty," he set himself to ascertain "what morbid states medicines were created for." The experience of two thousand five hundred years had shown that *experimentum per mortes* in diseases themselves would not answer this enquiry. "Such a plan has been proved by its results," he says, "to be beset with innumerable, insurmountable illusions, and never leads to certainty." He concludes that "to observe how medicines act on the human body, when it is in a tranquil state of health," will alone show the morbid states they were intended to cure. It was from such an enquiry as this, that Hahnemann derived that generalisation, the thorough application of which is inseparably connected with his name. That his generalisation was correct he further proved by an exhaustive series of researches among the records of various medical authors during the entire history of medicine.* By the experiments he instituted on himself and his friends he was enabled to ascertain the symptoms each drug was capable of evoking. Symptoms are facts. As they are our guides in detecting the locality and nature or kind of action of disease, so in the study of a medicine are they

* *Vide* "Suggestions for Ascertaining the Curative Powers of Drugs," *op. cit.*, pp. 314-352; and "Organon of Medicine," translated by R. E. Dudgeon, M.D. London: Headland. Pp. 57-97.

our guides in learning the tissues and organs a medicine will affect, and, further, the manner in which it will do so.

At the time Hahnemann wrote, physiology and pathology consisted of little else than vague speculations, the entire disappearance of which from scientific literature has abundantly proved their worthlessness. Hence Hahnemann resisted all attempts to trace symptoms to their origin or to explain their nature, and he adapted his generalisation to symptoms alone and not to the pathological state to which it might be inferred they were due.

We now know, as Dr. Ross has shown in his *Graft Theory of Disease* (p. 102), that "since the correlatives of symptoms are molecular changes in the organisation, it follows that the constancy of symptoms indicates constancy of change in a definite tract of tissue." Consequently we are in a position to trace in a very large proportion of instances the symptoms arising from disease and those which medicines will excite, to the tissues and organs disturbed by them.

Thus it is that, once more, Dr. Ferrier proposes to reconstitute the *Materia Medica*, and to secure a generalisation which shall give to drug-therapeutics a scientific *locus standi* by studying the actions of drugs in health. He proposes, in short, to go over the same ground that has been trodden for seventy years and more by Hahnemann and others, who for their pains have earned from those who are loud in their praises of Dr. Ferrier's *Address* the reputation of being either knaves or fools! We trust that Dr. Ferrier and his coadjutors will be more fortunate.

Between Hahnemann's plan and that set forth by Dr. Ferrier there is, however, one very important distinction. The former made his experiments with drugs upon healthy men and women; the latter selects dogs, cats, rabbits, and frogs for this purpose. He does so, however, well knowing the fallacies to which his observations will

be liable, but he trusts to scientific research to diminish, if not to extinguish, errors of this kind.

We would advise Dr. Ferrier carefully to read Dr. Sharp's exhaustive Essays on *The Physiological Action of Medicines* and *The Actions of Drugs*,* before relying on such a doubtful and often misleading source, as an experiment on the lower animals, for his knowledge of the physiological properties of drugs.

Dr. Hughes Bennett, at the British Medical Association the other day, said that it was *impossible* to make such experiments upon human beings. What man has done, man can do. Much more, what men have done hundreds of times, surely the men of the present generation can accomplish. What Hahnemann and his disciples, what Jörg and his pupils in Leipsic, what the Vienna Medical Society, what Watzke, Wurmb, and many others in the same city, what Hale, Burt, and numbers more in America have succeeded in doing, surely Dr. Bennett, Dr. Ferrier, and their friends might contrive to rival. By those we have named, and hundreds besides, experiments showing forth the physiological action of drugs upon human beings have been conducted. The results of their experiments are seen in the complete information we possess respecting the action of many, very many valuable remedies. It is to these experiments that those who ridicule them are indebted for most of the therapeutic facts they receive from Ringer, Thorowgood, and more recently from Charles D. F. Phillips!

"It is undoubtedly true," writes Dr. Ferrier, "that we owe most of our valuable remedies, such as opium, cinchona, &c., to lucky accident or mere empiricism; but it is also true, as the history of therapeutics sufficiently shows, that we owe many others, especially those of the mineral world, to chemical and other theories of disease, and that their efficacy has been established by an exten-

* *Essays on Medicine*," by W. Sharp, M.D., F.R.S. London: Turner & Co. P. 417 and p. 533.

sive and hazardous system of experimentation on human beings. But we cannot always wait for lucky accidents, and it is hardly consistent with the duties of our profession to experiment on our patients after the manner of former times. Yet we surely cannot affirm that diseases require no further elucidation, or suppose that every remedy has been discovered, or that we even know the real use and properties of many we already possess. There are many opprobria of medicine which must be cleared away before we can indulge in self-satisfaction at our skill. Witness those scourges of humanity, cholera, hydrophobia, zymotic diseases, &c., before which we are utterly powerless. Are we indulging in vain hopes if we look forward with confidence to the day when the discovery of specific remedies will have deprived these scourges of their terrible sting and baneful power? It is at least worthy of our most strenuous efforts to labour for the realisation of such noble aspirations."

The answer to the question here asked will depend upon the method adopted for the discovery of specific remedies. If reliance is placed upon experiments with dogs and cats, specifics will not be found. If, on the other hand, healthy men and women can be found who are willing to dose themselves, under proper care and guidance, with such drugs as it is desired to find the true action of, specifics will be forthcoming. Young men are ready enough to deny themselves the pleasures of the table or the luxury of a pipe to enable them to train for boat-races and athletic sports of all kinds; jockies will go through positive torture that they may sufficiently reduce their weight to ride in some large handicap race, and shall it be said that of the young men who have devoted their lives to the study and practice of medicine none are willing to make the comparatively trifling sacrifice of ascertaining on their own persons the tissues and organs which *bryonia*, *hellebore*, *cocculus indicus*, *stramonium*, or *colocynth* especially influence? We cannot believe it. It

is by such experiments, and such alone, that the true action of drugs can ever be discovered. These, when carefully analysed, will, we are confident, lead to the recognition of that generalisation which has now for nearly a century enabled a comparatively small but ever-increasing body of medical men to prescribe medicines specifically, with a degree of success that those who denounce them as guilty of a "public fraud" may envy, but cannot attain to without imitating their proceedings.

A CASE OF GOUT.

By J. H. NANKIVELL, Esq.

MR. A. B., aged 56 (?), was for many years a martyr to gout, which was both hereditary and acquired. When he first consulted me, on the 23rd September, 1867, his fingers and wrists, feet and ankles, had become lamed and maimed by repeated attacks of this miserable disease. With much pain and difficulty the patient managed to walk across a room aided by crutch and stick, but nevertheless a good share of mental energy remained, nor was any important viscus much damaged. Two or three gouty concretions had formed on the finger joints, and from a point near one of the outer malleoli or ankles one of these formations had made its exit, leaving a spongy, ill-conditioned sore behind it. The wound had been very unmanageable, and did not seem to improve with any external applications. Under these circumstances all dressings were discontinued, the leg was elevated on a splint for a fortnight, and the wound was exposed to the air. By the 7th of October the wound had healed, but as the patient walked about before the cicatrice had become firm, it reopened somewhat. The same regimen as aforesaid was resumed, and on the 17th the wound was nearly healed, but not until the 3rd of November had it become quite sound.

About this time both feet became œdematous, for which state of things *arsenicum* was administered with advantage. On the 19th of December a "chalk stone" made a spontaneous exit from the terminal joint of the little finger, leaving a sluggish, suppurating cavity behind it. Some *arnica* was administered, and simple bread poultice

applied. On the 27th December the old wound in the ankle re-opened, and manifested a tendency to spread.

1868, Jan. 3. The wounds were pencilled with a weak solution (1 grain to the oz.) of *nitrate of silver*, and then dressed with a saturated solution of *tannin*, and by the 18th these painful sores had closed.

Feb. 28. A new feature now presented itself; much tenderness was complained of in the right heel, and it was discovered that very rapidly a bursa had become distended with fluid, the fluctuation of which was very palpable, for the whole of the horny skin beneath the heel had been undermined. A small puncture was made in this "abscess," and a thin fluid, not unlike skim-milk, escaped freely, and therewith some small granules or calculi of urate of soda. For about a week some thin pus escaped, and by the 10th of March the wound had closed.

At this stage of the case a painful boil formed on the right forearm, with much inflammation and swelling, extending down over the back of the hand; also was there an accession of fever, with quick pulse, flushed face, coated tongue, profuse perspiration, and acute gouty pain at back of neck.

These conditions were easily removed by the use of *acomite* and *bryonia*. A few days after this a "chalk stone" came towards the surface on the middle finger of left hand, and was got away by help of a small incision, and some gouty stuff again escaped from the heel, which has been referred to above. At this time also the urine was much loaded with lithic salts.

On the 18th of March, 1868, there was recurrence of fever, for which *bryonia* was given, and subsequently *rhux tox*.

On the 22nd a collection of fluid began to form in the bursa of the right patella, also beneath the right heel and the ball of the great toe, likewise in some of the fingers. These abscesses were opened by sub-cutaneous incisions or rather punctures, with relief to the patient. All the affected parts rapidly healed, except the so-called "ganglion patellæ," the bursa having inflamed and poured forth no small amount of pus. A drainage-tube was inserted into this cavity, and the part several times syringed with *liquor carbonis detergens*.

After this last outburst of gout poison, as so it may be

called, my patient suffered much from weakness and exhaustion, for which *arsenicum* and *china* were given, and a generous diet.

Through the month of April my notes of the case are very scanty, and have no especial interest. On the 22nd he is reported as going on well, and able to leave his bedroom every day.

He appeared to have recovered the usual state of health in which he was before the illness. He was occasionally seen up to the date of July 4. There was no return of the gouty deposits, and all the wounds had healed except one on a finger.

Besides the deposits which have been referred to, there were a great many others forming in the cellular tissue on different parts of the limbs. There must have been on the whole about thirty of these, averaging in size a small filbert.

The medical treatment was principally hygienic and dietetic, and I do not think that any therapeutic lesson could be got out of it. Dr. Richard Hughes writes, in his *Manual of Therapeutics*, that gout, as far as he is aware, *has no homœopathic literature whatever*, and I have reason to fear that my "Case" will not make him vary from this statement.

Bootham, York, Sept. 1874.

OUTLINES OF THE HISTORY OF MEDICINE.

By W. B. A. SCOTT, M.D.

(Continued from page 620.)

Galen continued: His Anatomy; his Principles and Practice of Medicine.—Merits and Defects of his system.—His own dissatisfaction with it.

THE fourth section of the Anatomy of Galen, viz., that of the extremities, need not detain us long, since on this subject there has been comparatively little difference of opinion among modern and ancient anatomists. Some slight discrepancies occur, which are attributable to the dissections of Galen having been so much confined to the bodies of anthropoid apes, but they are not of great importance. Instead of entering into any detail of the regional anatomy of the upper and lower limbs, it will suffice to take a general view of the various structures

entering into the formation of these and other parts of the body.

Galen describes the bones as hard, dry, terrestrial, and "cold" bodies, derived from the semen.* They are themselves insensible and destitute of nerves, but are surrounded by a sensitive "periosteum." They serve as a support or framework to the rest of the body, and are in many cases hollow, containing marrow. There are two general modes of connexion between different bones, viz., (1) symphysis, where the union is so firm and intimate as to allow of no movement on the part of either, and (2) articulation, in which more or less movement is permitted, mutual apposition being maintained by means of ligaments. Galen describes different varieties of symphysis and articulation.

The cartilages rank next to the bones in hardness. Like the latter, they are said to be insensible and derived from the semen. They enter into the formation of the joints, and also of other structures, as the ears, nose, &c. They are sometimes transformed into bone.

The muscles, so designated from a fancied resemblance to a flayed rat, cover all the bones, to which they are firmly attached by tendons and ligaments. Each is divided into three parts—the head or ligament, the belly or fleshy middle part, and the tail or tendon. Galen falls into the strange blunder of maintaining that the head or ligament is *always* immoveable—apparently overlooking the fact that in most cases either the origin (head or ligament) or insertion (tail or tendon) may be the part acted upon, according to circumstances. The muscles consist of flesh and fibres, and are supplied with veins, arteries, and nervous filaments.

The muscles are very inadequately defined as the organs of voluntary motion, and we have a fanciful account of the mode in which this is effected. Our old friends the "spirits," it seems, in some way affect the nerves, the nerves affect the muscles, these contract or relax, as the

* It is worthy of remark that, if the bones had been really derived from the semen, then, according to Galen's theory, *osseous* reunion of a fracture, the formation of a "callus," and (probably) the occurrence of osteomata, would have been impossible. The doctrine of some parts being formed from the paternal semen and others from the maternal blood is an old Hindoo theory, like many other of the fanciful hypotheses of the "orthodox" school in medicine, and perhaps in some subjects besides.

case may be, and so the relations of the bones to which the tendons and ligaments are attached are changed.

Now, the "spirits," as we have seen before, were located in the brain, so this allegory may be interpreted in a true sense, viz., that integrity of the cerebrum, nerves, and muscles is necessary to voluntary motion. It seems a pity this was not stated plainly in so many words. There are four kinds of muscular movement, viz., contraction, extension, and two others corresponding to a state of chronic relaxation, hard to distinguish from paralysis, and the "tonic" state, or that which maintains the body erect, and so forth.

Galen is sadly at a loss to explain how it happens (on his own supposition of all muscular action being the result of a conscious act of will) that infants and brutes—in fact, all who have not enjoyed the benefit of a regular course of lectures on anatomy, with dissections—succeed in moving just the organs they wish to move, instead of any others, just as it might happen; for instance, as Le Clerc very well puts it, that a child, desiring to masticate its food, moves its jaws rather than its feet. However, he has the grace to allow that this aspect of the "free-will" controversy is beset with difficulties, and in fact completely baffles human ingenuity, even his own—a fact which it would have been well if others had borne in mind in their disquisitions on other aspects of this abstruse subject.

Principles of Medicine.—Galen defines disease as "an unnatural disposition or affection (Πάθος)* of the parts of the body, which primarily and essentially impedes their action." This does not seem a very happy definition, if we examine it closely, since it would *exclude* many benign tumours, which, however unsightly, produce no functional derangement, while it avowedly *includes* many malformations which ought scarcely to be reckoned diseases, as webbed fingers. It is also expressly designed to include surgical cases, as wounds, &c., for diseases are arranged by Galen in three classes, as follows:—

(1.) Diseases of the tissues; subdivided into (a) immaterial "intemperies," and (b) material "intemperies."

(2.) Diseases of the organs, as to their (a) number, (b) size, (c) shape, (d) cavities, (e) situation, (f) connexion.

* Πάθος is used in the signification of (a) the disease itself, (b) any of its symptoms, and (c) its cause.

(3.) Diseases consisting in the solution of continuity of tissues or organs, including cuts, bruises, burns, &c.

Now, obviously (1) and (2) ought to form only one class, since no organ can be (organically) diseased unless one or more of its component tissues are diseased, and a tissue entering into the composition of an organ cannot be diseased without the organ itself being thereby affected. Next, by "immaterial and material intemperies," are meant what in modern times are called "functional and organic or textural diseases" respectively. The former consist, according to Galen, in an excess or deficiency of one or more of the qualities of heat, cold, &c., in the absence of any extraneous or abnormal substance, and the latter in the lack or superabundance of a "humour," in which the peccant quality resides. It is clear that this distinction of "material" and "immaterial" belongs to diseases of the second class at least as much as, or even more than, to those of the first; yet there is not only no recognition of it, but all reference to "intemperies" is dropped, and we hear only of *irregularities*. The fact is that the second class comprises *not* diseases, properly so called, but *malformations*. Bearing this in mind, and translating the language of Galen into more modern phraseology, his nosological scheme (so far) would stand thus;—

Class I.—Diseases proper: (a) functional, (b) textural or organic.

Class II.—Malformations: in respect of (a) number, (b) size, (c) shape, (d) situation, (e) cavities, (f) connexion.

Class III.—Surgical Injuries: (a) cuts, (b) contusions, (c) bruises, (d) lacerations, (e) burns.

Not a bad classification, so far as it goes, for one who, like Galen, habitually uses "disease" as equivalent to "any abnormal condition." Unfortunately for his own consistency, in his definition he includes the idea of impaired functional activity, which is often absent in Class II. He also adopts the classifications of Hippocrates into acute and chronic, malignant and benign, epidemic, endemic, sporadic, &c.

There are also four kinds of "intemperies"—(1.) simple, only one quality (as heat, &c.), being concerned; (2.) compound, where two or more are concerned; (3.) equal, or that which is generally distributed throughout

the body, or at least the affected part, and which produces no discomfort ; (4.) unequal, where there is not this equal distribution, or where two contrary qualities alternate, as heat and cold.

Galen divides the causes of disease into external and internal. The first or external, procatactic or primary causes are (*a*) the air we breathe, (*b*) food and drink, (*c*) movement and repose, (*d*) sleep and vigils, (*e*) substances retained or evacuated, (*f*) the passions.* The internal may be seen in the following table :—

Internal causes of disease.	Antecedent (humoral).	Plethora.	<div> Sanguine. Bilious. Pituitary. Melancholic. </div>	<div> In relation to the <i>vessels</i> (actual). In relation to the condition of the patient (relative). </div>
		Cacochymia.	<div> Sanguine. Bilious. Pituitary. Melancholic. </div>	
	Conjoint : Immediate cause of the disease ; pathognomonic affection as the effu- sion of lymph on the pleura in pleurisy.			

We must here remark that while an excess of *blood*, however great, only ranked as plethora, a *large* excess of any of the other three humours was deemed a cacochymia, because it was supposed to produce a morbid state of the blood. Cacochymia proper means an excess or defect in one or more of the “ qualities ” of the humours.

Another classification given by Galen of the causes of disease is into those which are manifest, those which are not manifest, and those which are hidden. The first two of these nearly correspond to the conjoint and antecedent respectively ; the third are such as cannot be discovered either by observation or inference ; he seems to adduce the cause of hydrophobia as an instance. His remarks on this subject will be given in the sequel, and they are so extremely judicious that we cannot but regret his having failed to perceive that the ultimate cause of every disease is as much beyond our ken as the origin of evil, and that all diseases ought to be treated by means of the same kind of *specific* medication which he recommends in the case of hydrophobia, throwing to the winds all the time-honoured vagaries about heat, cold, dryness, and moisture.

Galen defines a symptom as “ an abnormal affection, dependent on the malady, and following or accompanying

* It is difficult to see wherein (*e*) differs from (*b*). These six are often called the “ non-naturals.”

it as the shadow accompanies the body." This unlucky definition, by failing to recognize the fact that a symptom is in reality *part of the disease itself*—the aggregate of the symptoms constituting the picture of the disease with which alone we are concerned—and thereby giving rise to the natural inference that not only does some anterior hidden cause of disease *exist*, but that this primary cause must be known by us in its essence before we can hope for the radical cure of disease by medical appliances, rendered, by its prevalent acceptance, any practical doctrine of therapeutics impossible until the days of Hahnemann, and to some extent still bewilders and misleads the minds of votaries of the unreformed school, notwithstanding the enlightenment which has been thrust upon them *malgré eux*.* Galen's symptoms may be thus classified:—

Symptoms.	Impaired function of	{ Natural faculties, Animal ,, Vital ,, Rational ,, ,,	any or all of which may be	{ Increased, Diminished, or Depraved.
	Altered quality as to	{ Colour, &c., discernible by the eye, e.g., pallor, flushing, &c. Sound ,, ,, ear, ,, harsh breathing. Smell ,, ,, nose, ,, fetid breath. Tactile properties ,, touch, ,, hardness, &c. Taste ,, ,, tongue.		
	From the nature of the excreta and secretions in general, which may be abnormal either in	{ Their essential nature, as when worms are evacuated, or Substances being excreted which ought to be retained, as hæmorrhages, or Path of exit, as in the stercoraceous vomiting of ileus, or Being excessive, as in diarrhoea, or Diminished, as in suppression of urine, or Altered in quality, as when the fæces are too hard, &c.		†

* It is very instructive to notice how every *progressive* movement benefits even those who refuse to take part in it. No one, I suppose, whether Catholic or Protestant, will deny that the Reformation produced an immense moral and intellectual improvement in the Church of Rome itself. No one, whether Churchman or Dissenter, can honestly deny that the movements headed by Wesley and Whitfield resulted in vast ultimate good to the national church. And no one, with a pretence to either common honesty or common intelligence, can deny that the progress of homœopathy alone has deferred the humiliating collapse of the "orthodox" trades-unionists; in fact, no one now-a-days seems to attempt to deny it, unless perhaps the editor of the *Medical Press and Circular*, who may be left out of the question. The only thing is, the "orthodox" seem to "scorn the base degrees by which they did ascend," and thoroughly to understand the generous maxim to kick down the ladder after a man has once reached the top.

† It is difficult to see in what respect excessive, diminished, and altered excretions and secretions differed from increased, diminished, and depraved actions of the "natural" faculty.

Critical evacuations, however, whether by diaphoresis, diuresis, catharsis, or any other mode of elimination, are to be distinguished from morbid symptoms.

*A *sign* is defined as "that which enables us to know something which was previously unknown." As we have before said, Galen classifies signs into healthy, unhealthy, and neutral, but our present concern is only with the unhealthy or morbid signs. The following table may perhaps help us :—

Unhealthy or morbid signs.	Diagnostic, whence we learn the nature of the malady.	Pathognomonic, distinctive of the <i>class</i> of the malady. Conjoined, common to many classes, but distinguishing one malady from another, or one case from another, of the same class.	Derived from	Circumstances of the case, as whether the part affected be	External. Internal.
	Prognostic, whence we learn the future course and issue of the malady.	Kind of disease. Extent of disease. Natural course of disease. Constitution of patient.	Derived from	Cause of malady. Symptoms. Idiosyncrasy.	Plethora. Cachochymia. Pulse. Evacuations, &c. Hereditary. Congenital. Acquired.
				Action of Faculties. Excreta. Changed qualities.	Natural. Animal. Vital.

Further, with reference to the "signs derived from the circumstances of the case," we have—

• It is very difficult for us, who have learned to regard symptoms and signs as alike parts of the disease itself, to form a clear conception of the very important difference which they presented to the minds of Galen and his followers. Every symptom might give rise to, or become, a sign, but every sign was not necessarily a symptom. They resembled one another in so far as each helped the physician to discover the disease, but the sign carried him a stage further back than the symptom. It may almost be said that the symptom, *when reasoned upon*, becomes a sign. *Signs* might be treated, but not so symptoms. Perhaps a homely illustration may make the matter a little clearer. The noise of a locomotive engine is a *symptom* that it is in motion, since the noise is a necessary *result* of the motion, though no part of the mechanism by means of which the motion is effected. The play of the piston is a *sign* the engine is in motion, being a necessary concomitant of the motion, and a part of the mechanism whereby the motion is effected. Now, it is clear that to drown the noise of the locomotive by means of a discharge of artillery will have no effect whatever upon the motion of the engine, but if we stop the play of the piston the motion is at once arrested. Practically, the whole affair is a mere darkening of counsel with words without knowledge.

Signs derived from circumstances of case, as e.g., whe- ther part affected be	{ External,; when it is determined by }	Sight and touch.	
		Kind of morbid action, whether of the	{ Animal, Vital, Natural, or Rational. } Faculty.
	{ Internal, when it is determined by }	Kind of pain.	{ If throbbing, arterial system is affected. If poignant, ligamentous " " If convulsive, nervous " " "
		Seat.	
		Accidents proper to cer- tain parts, as	{ Nausea, &c., to stomach, and so forth.
		Nature of excreted matters, as showing source whence derived.	
		Mode of exit of ejected or excreted matters.	{ Jerky hæmorrhage, from an artery. Blood coughed up, from the lungs.

This tabulating process might be carried on almost indefinitely, but the above specimens must suffice for the present. I may, perhaps, be thought to have dwelt too long on this part of the subject, but it was absolutely necessary to enter into some detail, as the leading characteristic of Galen's teaching is its tabular form, if I may so speak. It may be compared to a tree, the roots of which, hidden beneath the soil, represent the ultimate speculative theories, *comparatively* few in number, from which the whole system is derived. These are, so to speak, combined into a coherent mass of doctrines representing the stem, and this gives off branches, these in their turn give off branchlets, and so on until we reach the final twigs, all of which fairly typify the divisions and subdivisions into which the details of the system are distributed. It is precisely this which has imparted to the teaching of Galen its symmetrical—I had almost said its *organic* character, which so captivated the minds of numerous generations of physicians—many of whom were men of surpassing logical acuteness—until the "New Philosophy" arose to call men away from airy theories, evolved from *à priori deductions*, to the solid ground of *experimental induction*. Nothing is so easy as classification to the theorizer who starts from a few first general principles, which for the most part he takes for granted, and all whose care is to preserve a logical consistency in their development. Nothing can be more compact, simple, attractive, consistent and complete in itself than a system of doctrines thus produced. Nothing can be more difficult than this same process of classification, division, and subdivision to the inductive and experimental philosopher to whom a vast array of observed facts is necessary in order to form any generalization whatever, and whose reasonings are at every step subjected to the

crucial test of experiment, and at once rejected if they fail to pass scatheless through its searching ordeal. Hence the treatises of such a philosopher have little of the compactness and self-completeness of the system of his theorizing rival, and in point of attractiveness the former are as inferior to the latter as the blocks of half-hewn stone and heaps of mortar by the way-side in a city are inferior to the gorgeous temples and palaces of dreamland.

It is not at all surprising that the system of Galen should have assumed this form; in fact it would have been marvellous had it done otherwise, as it was the form which he himself intended it to assume. In his celebrated parallel between himself and Trajan, he dwells little on the conquests of his imperial master, but considers the chief and characteristic glory of the latter to have been that he constructed or improved so many roads, by which men might pass with ease and safety from one end of the empire to the other. And so of himself; he does not boast so much of having extended the boundaries of medical knowledge by means of new discoveries—to the want of which he was far from being duly sensible—as of having cleared up much which Hippocrates had left obscure—of having more fully reasoned out to its legitimate results much which Hippocrates had but enunciated: of having, in fact, worked up the principles and practice of physic to a clear, consistent, and complete system.

It is unnecessary to make any special remarks upon the symptoms derived from the “causes of the malady,” or from individual “idiosyncrasies.” The remaining class of symptoms, viz., that derived from the pulse and other modes of functional activity, must, however, be considered in so far as the pulse is considered, as this is precisely the subject on which we find the most striking difference between the teaching of Galen and that of his master Hippocrates. A few brief cursory notices are all that Hippocrates has dedicated to the pulse, whereas the remarks of Galen extend to a great length. Dr. Russell speaks of this prolixity as “Galen’s greatest innovation”—a phrase which is perhaps somewhat inexact, since the honour of having been the first to draw careful attention to the important knowledge to be derived from a careful consideration of the pulse is due, not to Galen, but to Herophilus. Or we may, if we please, consider the pulse in connexion with the aid it affords to prognosis, when viewed as the index of the activity of the vital faculty.

The action of the pulse is defined as a special property of the heart and arteries, serving to maintain the heat of the body. Elsewhere, Galen asserts that besides maintaining the heat of the body, the pulse also attracts cold air, and expels the fuliginous vapours of the blood. Translated into the language of fact, this might very well be interpreted "the" or some of the "chief results of the circulation of the blood are the maintenance of animal heat, and the purification of the blood itself, by means of aeration." Galen speaks of the diastole and systole and the two pauses. He directs that the pulse be felt with four fingers at the *inner* part of the wrist.* The pulse presents the following varieties, and is considered in two aspects, viz., absolutely and relatively.

Absolute.	Simple.	In reference to space traversed by artery	Length.	Long.	Large.
			Breadth.	Short.	
				Broad.	Small.
			Height.	Narrow.	
				High.	
Relative.	Composite.	Duration of beat	Quick.		
			Slow.		
		Period of repose	Frequent.		
			Rare.		
		Moving faculty, or effort made by Nature, or vital faculty; the pulse being thus the index of the condition of the vital faculty	Strong.		
			Weak.		
		Condition of artery	Hard.		
			Soft.		
			Full.		
			Empty.		
		Composite—All the possible "permutations and combinations" of the above.			
		Equal, or absolutely perfect in all respects, and preserving a constant tenor and rhythm.			
		Unequal, including "rat's-tail," "goat-leaping," "intermittent," "undulating," "dicrotous," &c., &c.			
		Cadence.	Regular.		
			Irregular.		

* This might make a hasty reader suppose that Galen was in the habit of feeling the ulnar artery instead of the radial artery—a most improbable supposition. I think the difficulty admits of explanation by bearing in mind that pronation is the customary position of the hand and forearm, and that in this position the radial artery *does* occupy the inner side.

Besides all this, Galen gives us tables in which there are twenty-seven distinct varieties of the pulse in respect to the quality of fulness, and the same number in respect to the rapidity of its beat. He also enters into minute explanations of the causes of these different conditions of the pulse—that is to say, of the various morbid conditions of which each is indicative. He wrote sixteen or seventeen books on the subject of the pulse alone; and so minute and copious are his divisions and subdivisions, and other distinctions, that many even of his warmest admirers have suspected them to have been the results, rather of theory than of observation. Galen assured his disciples that it required a whole lifetime to gain a complete knowledge of the varieties of the pulse; so I may be well excused for declining to pursue the subject further, in a brief sketch like the present.

We now come to Galen's Practice of Medicine, a very short *résumé* of which is all that will be necessary in order to detect its unsoundness, while we can hardly fail to be struck with the simplicity, plausibility, coherence, and completeness of a scheme which for so many centuries was the admiration of physicians of every creed and every country, from the Tigris to the Tagus and the Thames.

Health, being a condition conformable to nature, is to be maintained by such means as are themselves in harmony with nature; and disease, being a condition which is out of harmony with, or contrary to, nature, is to be treated (so far as therapeutics are concerned) by drugs which are contrary to the disease itself.* This is expressed by the formula, "*Contraria contrariis curantur.*" On these maxims "indications" for treatment are based. An "indication" is defined by Galen as that which suggests what ought to be done in any particular case, being itself a deduction from the nature and circumstances of the case. There are three contra-natural or abnormal objects or conditions—the malady, the cause of the malady, and the symptoms.† In disease, the malady itself affords the

* To save future repetition, I may here remark that the first clause of this sentence, if it has any intelligible meaning, is a mere truism, and that the second clause does not follow from the first. Anyone who shall endeavour to reduce the sentence to the form of a syllogism will at once detect the common fallacy of "illicit process of the major."

† It is right to point out here the very loose and inaccurate manner in which the terms "contra-natural," "abnormal," or "contrary to

most important indications, the causes of disease entering chiefly into the question of prophylaxis. *The symptoms, as they are the results of the disease, will disappear on the departure of the latter, and hence, as a rule, call for no particular treatment! The interpretation of the indication is the office of reason alone, and experiment has nothing whatever to do with it!!** These two sentences which I have italicised are "the little rift within the lute, which by and bye will make the music mute." To change the metaphor, they are the faulty links in the Galenic chain, the unsoundness of which invalidates the whole. When we come at last to consider the doctrines of Hahnemann, we shall perceive that it is precisely because he gave an emphatic denial to both, that he was able to overturn the whole system of which they form a part. And yet, how harmless—nay, how plausible they seem! How they have leavened the speech and even the thoughts of those who have utterly rejected the system they sustain! Do we not daily, hourly, in common conversation, speak of such and such a disease giving rise to such and such

nature" are employed. The "cause" of a disease may be an east wind or a wetting from a shower, neither of which is at all contrary to the nature of most climates; and the same may be said of many morbid agents. Obviously, "contrary to nature" is used in the twofold sense of "morbid" and "morbific."

* In other words, the relation between pathology and pharmacodynamics can never be established on an experimental basis. Those who will take the trouble of carefully considering this sentence, will see that it is in reality a far more full and explicit denial of homœopathy than the celebrated "*Contraria contrariis curantur*" formula itself; which latter, in fact, admits of a true construction. What Hahnemann so well deserves the gratitude of mankind for discovering is that the connexion between pathology and pharmacodynamics can be established on an experimental basis, or in other words, that scientific medicine is a possibility and not a dream. "It will only be when "*general laws connecting disease with health and establishing a perfectly rational system of therapeutics shall be applicable to the whole body of medical facts*, that the term science will be legitimately applicable to medicine. *Experimental pathology, studying the synthesis of disease, and experimental pharmacology, localizing the action of drugs on the tissues and organs of the body*, are fast following in the steps of the rapidly advancing science of physiology, of which they are but departments; and, young as they are, are furnishing the materials for a real science of medicine."—*Opening Address, at Owen's College, Manchester, by Arthur Gamgee, M.D., F.R.S.* It will be seen from the above extract that the requirements of Prof. Gamgee are precisely met by homœopathy, supplemented by organo-pathology.

symptoms, and of such and such a remedy being rationally indicated? So true is it that exploded errors mould the daily speech of centuries after their refutation, as the defunct Saxon mythology receives a nominal tribute every time the days of the week are mentioned, and the "setting of the sun" is still spoken of by persons who are loud in their condemnation of the persecutors of Galileo, and are satisfied with the more harmless ostracism of Huxley and Tyndall.

The prime indication for treatment, then, is to be taken from the malady itself; when the disease is complex the *original* ailment is first to be attacked, and then the derivative ailments are to be dealt with in the order in which they arose. An exception to this rule is, however, to be made in those cases when one or more of the derivative maladies, or complications, is of so serious a nature as to threaten immediately fatal, or at least very dangerous, results. Meanwhile, the causes of the disease are by no means to be wholly overlooked, for "healthy" causes are necessary to the maintenance, and even to the restoration of a healthy condition. These "unhealthy" causes, therefore, like the derivative diseases, must be removed in the order in which they arose. We have seen that the symptoms were supposed generally to call for no special treatment; but here, too, an exception was made in the case of such symptoms as might of themselves prove speedily disastrous. *Granting Galen's fundamental principles*, could anything be more rational, more unanswerable, apparently, than all this?

Now, while the "humours" are, so to speak, the material seat of disease, disease itself we have seen to consist in some excess or deficiency of the primary qualities of heat, cold, dryness, and moisture resident in these humours (cacochymia), or else in a mere superfluity (plethora) or lack of these humours themselves.* On the Galenic principle, diseases of "heat" must evidently be met with *cold*, diseases of "moisture" with *dryness*, and

* It is worthy of remark that here Galen differs from Hippocrates, who maintained that disease consisted in a dyscrasia of the *secondary* qualities of sweetness, bitterness, &c. Some indeed have supposed that the treatise on "Ancient Medicine" (in which the doctrine here ascribed to Hippocrates is taught) is spurious. It is true Galen has left no commentary upon it. But Le Clerc suggests that the silence of Galen is probably to be ascribed to his being unwilling to acknowledge how widely he had departed from the principles of his master.

so forth ; so that at first sight it would appear that a hot poker, a patent refrigerator, a tub of water, and a bag of dust, would form an armamentarium capable of constituting "every gentleman his own physician." But as we are told that the interpretation of indications is the proud prerogative of reason, with which experiment has nothing whatever to do, we need not be at all surprised to find all our anticipations on the subject completely at fault. Diseases of cacochymia are to be cured by drugs. A relation must be established between these drugs and the diseases they are intended to cure ; there must, therefore, be something common to the diseased organism and the curative agent. This common principle, or rather these common principles, are the four primary qualities of heat, cold, dryness, and moisture. When these primary qualities of the drug stand *in an inverse ratio* to the same qualities in the diseased organism, the proper drug is found. Tables were accordingly drawn up in which the exact proportions of each quality in different drugs were exhibited in a compendious form. Each quality had four degrees. Thus a medicine or a disease might be hot in the first and moist in the third degree. Chicory is cold in the first degree ; pepper is hot in the fourth. To obviate confusion a distinction is drawn between actual and potential cold or heat. Thus ice is actually cold, while mandragora and hemlock are potentially cold.*

A few practical cautions remain. Thus, nature does not well bear violent and sudden changes, hence, strong remedies must be cautiously applied. Again, some parts of the body are more sensitive than others, or are located in the neighbourhood of vital organs, &c., &c., and therefore require more careful treatment. The natural constitution of the patient must also be considered. But these last considerations affect the quantity or intensity alone, not the characteristic quality of the drug to be exhibited. They were, so to speak, modifying circumstances which would afford ample opportunity to the physician for the display of his skill and sagacity ; but the essentials of the practice of physic on the Galenic method could evidently be supplied by two tables laid side by side, the one representing a nosological schema, and the other such a list of drugs as that above referred to.

* The Arabian school afterwards ran into the wildest excesses about these "primary qualities" of drugs.

Galen went far beyond Hippocrates in the use of purgatives and bloodletting;* he does not seem to have employed leeches. The only sudorifics to which he had much recourse were baths and friction. He administered opiates, but rather as anodynes than as narcotics. He gives directions for the preparation of *diacodium*—a drug compounded of honey and opium—which was first described by Themison. Dr. Russell accuses Galen of having “begun” the practice of “polypharmacy,” an accusation he certainly does not deserve, as the “theriacum” of Andromachus was in vogue before Galen’s time, not to speak of the complex prescriptions of many physicians of former ages—even occasionally of Hippocrates himself.

Such were the doctrines which reigned supreme for many centuries throughout the medical schools of the whole civilized world, and which *in the main* appear to have satisfied Galen himself. Their *tabular* character, apparent and often real *logical* consistency, compactness, and appearance of completeness or “self-containedness” inevitably procured them a ready acceptance with that large class of minds which demands “finality” before almost anything else, and, being wholly indisposed to undertake the labour of actual experiment, is much more quicksighted in the detection of a logical than of a material fallacy. Their exaltation of “reason” above observation and experience is flattering to scholastic pride—that “last infirmity of learned minds.” And amidst all these theories of primary qualities, occult causes, &c., &c., mysticism itself need not go very far to find its own appropriate nourishment. So that it is little wonder that amongst schoolmen of all denominations and philosophers of every sect—realists, nominalists, mystics—the doctrines of Galen found a welcome for ages, and that they should even have maintained an all but unbroken authority during the long night which was yet to elapse before the dawn of the “new philosophy” put to flight so many of the phantoms of error and superstition, and delivered the human mind from its long captivity to the powers of darkness.

And yet this system did not *fully* satisfy Galen himself,

* Like Hippocrates, Galen employed purges chiefly to evacuate “cacochymia,” and bloodletting principally to remove “plethora.” The amount of blood taken at any one time seems to have varied from $\frac{3}{4}$ vij. to $\frac{3}{4}$ xvij., more or less.

as a few words will suffice to show. The truth of the law "*similia similibus curantur*" forced itself on his unwilling attention in many instances, and he sought to explain it away on the following wholly gratuitous hypothesis: "If we sometimes employ similars and not contraries, i.e., 'hot' remedies for 'hot' diseases, and so forth, this happens accidentally, on account of the drug possessing *some other quality* which is distinctly opposed to the disease." Again, he was fairly puzzled by the action of "specifics," to which, however, he had recourse only in the treatment of diseases arising from "occult" causes, and which he supposed to act by means of some hidden "property belonging to their entire substance;" an explanation which, as Le Clerc justly observes, is tantamount to a confession that he did not know how they acted. He even goes further, and laughs at those who attempted to explain the mode of action of specifics in accordance with the theory of the "four primary qualities." Take, for example, his remarks on hydrophobia. "My master, Pelops," he says, "wishing to explain the action of 'cray-fish in hydrophobia' (powdered crabs or cray-fish were then esteemed a specific), maintained that the 'cray-fish is useful in this disease because it is an aquatic animal, and hydrophobia arises from an extreme dryness, which causes those who are attacked by it to be afraid of water.'" (One might have expected an exactly opposite result.) "He added, that river cray-fish are better for this purpose than those which live in the sea, because the latter partake of the salt contained in the sea, which is of a very dry nature. But some one having asked him 'If what you say is true, how comes it that *all* aquatic animals are not equally efficacious in this disease?' he replied that *others* could not be prepared in the same manner, and that the shell of the 'cray-fish could be reduced to ashes which, by their 'drying' character, absorbed the virus or venom of hydrophobia'!!! So that in the first place cray-fish act because they are 'moist,' and next because they are 'dry'!" "Pelops," continues Galen, "fell into these

* This would have been an invaluable passage for the surgeon in *Tom Jones* to have remembered, when he was sadly at a loss how to prove that the heterogeneous dishes suggested by the landlady (any one of which he was afraid to prohibit, lest he should lose mine hostess's custom) were each and all specifically appropriate (like Pistol's leek) to the treatment of a "green wound."

“ contradictions because his vanity made him seek to
“ *explain* everything ; for my own part, unless I am cer-
“ tain that I understand a matter perfectly, I never try to
“ convince others.” It is deeply to be regretted that,
acknowledging this excellent rule, Galen should have felt
there were so many subjects which he “ perfectly under-
stood,” and that his successors for so many ages should
have disregarded their master’s judicious caveat, and
addicted themselves so zealously to “ Pelops’ line.”

(To be continued.)

PRACTICAL JOTTINGS.

By Dr. MORRISSON.

Æsculus Hippocastanum Φ , used internally and ex-
ternally, relieved and cured an extreme case of hæmorr-
hoids. They formed a large, painful, strangulated mass,
preventing the gentleman from sitting. Under the old
practice this would have been considered a case urgent
for operation.

Arnica Φ promptly checked severe hæmoptysis, in a
phthisical patient. The blood was darkish, semi-fluid,
and expelled after hacking cough. *Millefolium* 200th had
sufficed for previous attacks, but failed on this occasion.

Baptisia 200th speedily arrested remittent fever in a
child 4 years of age. She had several times complained
of slight abdominal pains, and one morning (Friday) was
found in a high state of fever. I visited her at 2 p.m.
She had twice vomited frothy mucus ; there was frontal
headache ; eyes dull ; tongue thickly coated with white
fur ; skin dusky, dry, hot ; tenderness and fulness above
hypogastric region ; moderate thirst ; constipation ; and
general apathetic condition. Pulse 130. Medicine every
two hours. On the following (Saturday) morning, at
half-past 10, the tongue was cleaning ; skin less dusky
and hot ; abdominal tenderness had almost gone ; and the
aspect was greatly improved. She had once vomited ;
and had several times started up from sleep, exclaiming
that there were “ ugly things ” about the walls. Pulse 116.
Medicine continued. On the following (Sunday) morning,
at 11 o’clock, the skin was moist ; tongue clean ; pulse 88 ;
and she was up, and playing with her toys.

Camphor 200th has, with myself and others, repeatedly

checked catarrh; a few doses, taken at frequent intervals during the sneezing stage.

Caulophyllum 200th arrested threatened miscarriage, when remedies administered by another practitioner had failed. All movement of the child had ceased; there was a sense of heavy weight, and profuse hæmorrhagic discharge. The patient went her full time, and a healthy infant was born. In another case, about four months advanced, the danger was over by the third day. When consulted, there were paroxysms of labour pains so severe that the patient was obliged to hold to firm objects for support. The 1st decimal of *caulophyllin* is specially useful in parturition.

Dioscorea 12th and 30th has recently proved very serviceable in mitigating the pain of suppurating whitlow, affecting the right thumb. On a previous occasion there had been slight disease of bone, a repetition of which this remedy appears to have prevented. In the 200th, a few doses checked a troublesome diarrhœa in an old gentleman, when *colocynth* had failed. There were frequent attacks of colic (always before a motion, sometimes without); increased by bending forward, and eased by assuming the rigidly upright posture.

Hipposanin 12 permanently cured a child suffering from extensive eczema, who had been several months in other hands. No other drug was given. It also proved of great service in a case of inveterate rupia, in a girl aged 16, who had suffered from the complaint from early childhood. She subsequently died from the effects of cardiac disease; probably induced by arsenical treatment.

Hyoscyamus 6 recently carried a patient well through the crisis of remittent fever. The pulse was 100; temp. 40° C. (104° F.); tongue red and cracked; there were heavy, sour perspirations; troublesome dreamings; and bronchial complications, with difficult, frothy, hæmorrhagic expectorations.

Kali carb. 200th relieved acute gastritis, resulting from chill; accompanied by attacks of twisting, hot pain, at the epigastrium, extending upwards beneath the sternum, and downwards into abdomen; with distension and gripings; nausea; constipation; achings in the limbs; and neuralgia of the temples. Drawing pains in the breasts had yielded to *conium* 12. The cure was completed by *chamomilla* 1.

Lycopodium 200th carried me through the crisis of rheumatic fever, with severe cardiac complications. There existed intense dyspnœa; dilatations of the alæ nasi; great flatulence; epigastric constriction; and profuse, sour perspirations. Each dose afforded perceptible relief.

Podophyllum has been the basis-remedy for what amount of summer diarrhœa there has been in this neighbourhood. After the subjugation of the earlier symptoms by other medicines (notably *veratrum alb.*), there frequently remained profuse, watery, gushing, offensive, painless stools; sudden urging; vomiting, or empty retching; retraction of the abdominal muscles; and great prostration; which promptly yielded to *podophyllum*. My experience was first gained with the 200th potency: some of my *confrères* arrived at a similar conclusion from administering the mother tincture.

Rumex crispus 200th subdued a serious attack of diarrhœa, affecting a gentleman 70 years of age, where *sulphur* had failed. The chief symptoms were: early morning aggravation; nausea; and colic. Tickling cough, increased by cool air and talking, subsequently developed; when *rumex* acted well.

Vaccinin 200th quickly relieved the severer symptoms of variola, occurring in a child aged 6 months. Two days previous to the eruption appearing, she had been re-vaccinated (at an interval of eight days), on a nævus near the right nipple. Deglutition was difficult, through implication of the tongue and fauces. The pustules, many of large size, were scattered over the scalp, face, body, and limbs. *Vaccinin* was given on the second day. By the following morning deglutition had somewhat improved; and the next day was fairly easy. The pustules were rapidly fading. She was then attacked with croup. This yielded promptly to *hepar sulph.* 200th, and by the fifth day of treatment she was convalescent. A case (age 28) in which tinea tarsi and conjunctivitis remained as the result of variola in infancy, has been much benefited by *vaccinin* 200th. *Sulphur* 12, *mercurius sol.* 12, *rhus tox.* 6, *thuja* 12, and *zincum* 12 had been administered without any decided improvement. The conjunctivæ have lost their painful sensitiveness, and the eyelashes are becoming perfect.

Variolium 200th was given as a prophylactic to two children, sisters of the infant above mentioned. Both had

been vaccinated in infancy, and the younger had excellent scars. The elder had varioloid two years previously. She again had a slight attack, a week subsequent to the baby's recovery, which a repetition of *variolum* at once checked.

London, September 1874.

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By E. W. BERRIDGE, M.B. Lond.

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No. 51.—LONDON MEDICAL REVIEW AND MAGAZINE, 1799.
6 vols. (? Any more published.)

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No. 52.—LONDON MEDICAL REVIEW, 1860. 3 vols.
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Compilers of *Materia Medica* should refer to the following works :—

“Forensic Medicine,” by John Gordon Smith, Beck, Chaus-
 sier, Male ; Gairdner, “On Iodine ; Majendie’s “Formulas,”
 translated by C. T. Haden ; Brande’s “Manual of Pharmacy ;”
 Swan “On Tetanus ;” and “Seven Sisters of Sleep,” by M. C.
 Cooke, containing *conium*, *opium*, &c. ; also, works by Pereira,
 Taylor, Orfila, and Christison.

No. 53.—LONDON MEDICAL REPOSITORY AND MONTHLY JOURNAL
 AND REVIEW, formerly called LONDON MEDICAL, SURGICAL,
 AND PHARMACEUTICAL REPOSITORY.

It commenced in 1814. The following vols. are wanting in
 the Library :—i. ; ii., pp. 1—96 ; vi., Nos. 35, 36 ; vii., viii.,
 ix. ; x., Nos. 55—7 ; and all after vi. of 3rd series.

n.s.=New Series ; 3rd s.=Third Series.

Antimony, ii. 157 ; xx. 148.
Arsenic, v. 97 ; xi. 80 ; xix. 288 ; xx. 349 ; n.s., i. 348 ; 3rd
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Angustura spuria, vi. 89.
Aconite, 3rd s., v. 441.
Aniseed, n.s., i. 350.
Atropa belladonna, n.s., i. 480.
Brucia, xx. 348.
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Croton, xvii. 16.
Cantharis, xvii. 347 ; 3rd s., vi. 269.
Crotalus, 3rd s., iv. 81, 175 ; v. 445.

Aniline, ii. 347 ; iii. 53-4.
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Papaver somniferum, xiv. 426 ; xviii. 26-32 ; n.s., i. 85, 490, 502, 530 ; ii. 163, 388 ; iii. 82, 253 ; 3rd s., i. 66-9, 78-81, 189, 574 ; ii. 442 ; iv. 173 ; vi. 229.
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Sorrel, 3rd s., v. 251.
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Vipers, 3rd s., iii. 460 ; iv. 466.

No. 54.—TECHNICAL REPOSITORY, 1822 (11 vols.). They continued as TECHNICOLOGICAL REPOSITORY, of which latter I could only examine vols. i.—vi. (? Were any more published.)

Papaver somniferum, ii. 115 ; iii. 326.

REVIEWS.

A System of Surgery. By W. TOD HELMUTH, M.D., Professor of Surgery in the New York Homœopathic Medical College. New York: Carl & Grener. London: Henry Turner & Co. 1873. Pp. 1215.

The appearance of so complete a text-book of surgery as the work before us, is in itself strong evidence of the wide dissemination of the principles of homœopathy in the United States. We but recently noticed the completion of Dr. Franklin's excellent *Science and Art of Surgery*—the production of a gentleman who has had large experience both in military and civil practice. Dr. Franklin's book came from the Far West; Dr. Helmuth's is from the Eastern States, and is the result of an extensive experience in civil practice. Neither work is of the popular order; both are addressed exclusively to professional men and to students of surgery. Where such large literary ventures can be made profitable, the number of readers must indeed be great, and these readers are found among the English speaking practitioners of homœopathy. Verily homœopathy must be far from being dead, it must truly be a very living thing indeed, when its professional adherents among those who use the English language are sufficiently numerous to make two such works as Dr. Franklin's and Dr. Helmuth's pay; and we may be sure that in the United States, no such books would have been published if their profitable character had been at all doubtful.

But, further, the publication of two comprehensive text-books on surgery shows that, in the United States at any rate, the number of those who prefer homœopathic treatment is so large as to find sufficient occupation for some practitioners to devote themselves to surgery as a speciality. There is no need there to resort to surgeons who, either openly or tacitly, deny the truth of homœopathy. Surgeons, and thoroughly experienced surgeons, there are in the United States who make considerable incomes by restricting their practice to surgery alone. It is well that such is the case. Those who, like Dr. Helmuth, are pure surgeons, are consequently able greatly to assist the general practitioner at a distance from highly skilled operators by giving him, in such a form as this *System of Surgery*, a full and complete account of the most recent and most reliable modes of treatment in the various surgical cases that may come under their notice. They can do this too with a far greater advantage than the surgeon attached to an allopathic hospital, for they are enabled to point out precisely the cases where medicinal measures may be trusted to supersede operations, they can show him how far medicine may be relied on, and when he must

cease to put confidence in it and resort to operative procedures. And more important than all, they can and do point out those drug-remedies which tend so much to ensure the success of the surgeon's mere mechanical art. It is here, in the after-treatment of an operation, that homœopathy shows to so much advantage; and it is by the injudicious and unscientific use of, or abstinence from using, medicines at this period, that the operations of some of our most distinguished surgeons not unfrequently turn out failures.

Hence we gladly welcome such works as the one before us. The author of this *System of Surgery* convinces us that he is a thorough surgeon, one well versed in all that relates to surgery proper, and that his knowledge of the place and power of homœopathically-indicated medicines is equally good and sound.

To present our readers with even a brief analysis of these 1200 pages would be impossible. Dr. Helmuth gives a fairly complete account of the use of the thermometer as a diagnostic agent, of electricity as a remedy in some forms of disease esteemed "surgical," and of anæsthesia—preferring as all American surgeons usually do—ether to chloroform. He describes surgical fever, inflammation, suppuration, ulceration, gangrene and tumours, all more or less fully. In some sections here, chiefly in those on inflammation and tumours, he is rather weaker than in other parts of his book; but though less up to the present state of pathological science than might have been expected, he is sufficiently accurate to meet the requirements of the practitioner. He has also a fair chapter on the microscope, and another slight one on scrofula. It is when he gets into the practice of surgery that he finds himself most at home, writes with freedom, and sets forth good sound instruction. This he does in the chapters on syphilis and gonorrhœa, wounds, hæmorrhage, amputations, injuries, and especially so on fractures and injuries of the joints. The various injuries and surgical disorders to which all parts of the body are liable are also carefully and minutely described.

The operations, and instruments used in them, are in all important instances illustrated by woodcuts, which, if not giving one a very high idea of the standard of wood engraving in the United States, are nevertheless clear and distinct enough to aid the surgeon in studying the processes described.

In short the entire work reflects great credit upon Dr. Helmuth, and will prove a very valuable and trustworthy guide to the homœopathic practitioner in the management of surgical cases. As such we recommend our colleagues to possess themselves of it. A better text-book of surgery they will not easily obtain.

Materia Medica and Therapeutics. Vegetable Kingdom. By CHARLES D. F. PHILLIPS, M.D., F.R.C.S. Edin. London: J. & A. Churchill, New Burlington Street. 1874.

The author of this work was for twenty years more or less known as a homœopathic practitioner. He was the founder and medical officer of a homœopathic dispensary in Lower Byrom Street, Manchester. From 1852 until 1871 he, for all practical purposes, acknowledged that his familiarity with the physiological actions and therapeutic uses of the drugs he prescribed was derived from the observations recorded by Hahnemann and by those who had studied the properties of medicinal agents in accordance with the teaching of that distinguished physician. In 1871 he published a note in the *Lancet* intimating that he had withdrawn from fellowship with homœopaths. From this announcement doubtless he led some persons to believe that he had no longer any confidence in homœopathy. Such it might be assumed, was the result of twenty years of active and lucrative practice. If, however, the work before us is any guide to the ascertainment of Dr. Charles D. F. Phillips's therapeutic notions, he believes in homœopathy now as much as he ever did; he still practises homœopathically, as far as his acquaintance with the physiological action of drugs enables him to do. To arrive at this conclusion, however, one must be acquainted with homœopathy. To the uninitiated in the *Materia Medica Pura*—to those who are ignorant of the law of *similars*, or who cannot recognise it in the description of the physiological and therapeutic action of a drug—Dr. Phillips would, from a perusal of his *Materia Medica and Therapeutics*, appear as a very remarkable and original individual indeed. In the preface he takes care also to prepare his readers for arriving at a conclusion so flattering to himself; for he there informs all whom it may concern, that though his “work makes no pretension to bring forward a “large mass of original research respecting abstract questions,” yet he “believes it will be found to contain a considerable “number of practical remarks on the use of drugs, which are “the genuine result of my own observation.” If these “practical remarks” refer exclusively to dosage, we are ready to admit that the unnecessarily large quantities in which drugs are directed to be given, in order to evoke their specific actions, may be “original.” But if Dr. Phillips intends in this passage to set forth a claim to originality in his description of the physiological actions and therapeutic uses of the drugs on which he discourses, we can confidently assert that throughout the entire volume we have not met with a single sentence capable of substantiating that claim. Every observation contained in this work has been publicly made known else-

where, and may be found either in the writings of British and American homœopathic physicians or in the works of English and foreign allopaths. There is no more of novelty in this book than there was in the author's essay on "Ipecacuanha," published sometime back in the *Practitioner*. Its contents, then, are the "genuine result" of Dr. Phillips's reading of Marcy's *Practice of Medicine*, Jahr's *Manual*, Hale's *New Remedies*, Hempel's *Lectures on Materia Medica*, Hughes's *Pharmacodynamics*, &c., together with that of his study of books on botany, pharmacy, and allopathic materia medica, such as Christison's *Dispensatory*, Pereira's *Materia Medica*, Wood's, &c. Where, however, Dr. Phillips records a remark upon a drug from a non-homœopathic source, he occasionally names it; but when he mentions some well-known homœopathic indication for the prescription of a drug, the inevitable "*Ego*" is the sole authority given.

In the course of this volume Dr. Phillips introduces his readers to a number of remedies known only to, or only employed as such, by homœopathic practitioners—information regarding them is the "genuine result" of reading the works of writers in the homœopathic *Materia Medica* and *Practice of Medicine*, and of practising more or less homœopathically for rather more than twenty years. Pulsatilla, hellebore, dulcamara, cocculus, chelidonium, thuja, bryonia, spigelia, ruta, rhus, anacardium, cicuta, mezereum and others are among the medicines in common use with homœopaths; but with their remedial value, those for whose edification this work is written will now become acquainted for the first time. Their properties were investigated and turned to account in practice by Hahnemann and his disciples, and since Dr. Phillips refrains from stating this fact, we must therefore conclude that any information regarding them, herein vouchsafed, is to be regarded as "the genuine result of my own observation"!

Notwithstanding the want of originality in this volume, while in many instances the true source of the indications for the use of remedies is carefully concealed from the unenlightened reader, and in not a few credit for first pointing out those which are named is given to observers who have derived their inspiration from homœopaths, the plan upon which it is framed is good, and such practitioners as are satisfied with mere empiricism, and dare not study the writings of homœopaths, will find in its pages much which to them will appear novel, much which they will find useful in practice.

On a drug like *aconite*, Dr. Phillips is of course enabled to discourse with much greater fulness than any preceding non-homœopathic author. Nearly all the knowledge we possess regarding the physiological action of this invaluable remedy

we owe to Hahnemann, to Wurmb and Watzke. But Dr. Phillips leads his readers to suppose that Lombard of Geneva (some time between 1840 and 1850) was the first to suggest its use in rheumatic fever; while every one—and we should suppose Dr. Phillips can scarcely fail to be among the number—must know that in rheumatic fever, homœopathists had employed *aconite* long before Dr. Lombard wrote. Again, we are told that “the experimental researches of Achscharumow (Virchow’s *Archiv.*, 1866, p. 255) are the most complete that have been made upon the physiological effects of *aconite*.” A dozen lines suffices to give a summary of them; and then we are informed—and quite correctly—that “these observations are far from explaining the whole action of *aconite*.” The observations here referred to, though not without considerable value, avail little or nothing in assisting the physician to select *aconite* as a remedy in disease. Had Dr. Phillips had no better guide than Achscharumow—had he not had access to the *Materia Medica Pura* or to some summary of it—he never would have been able to write so fully respecting the utility of this remedy.

Of *Bryonia*, the uses of which Dr. Phillips learned from his study of homœopathic writers, he is enabled to state that it is “an exceedingly valuable drug” in “pleurisy and other serous inflammations,” and that it is “especially effective in pericarditis and in pleurisy.” Pleuro-pneumonia and rheumatism, “liver affections of various kinds”—a rather vague indication, by the way—are also named as disorders in which our old friend is “worthy of commendation.”

Pulsatilla is introduced as useful in “cases of inflammation of the conjunctiva and of the auditory and nasal passages;” in “dyspepsia and sub-acute gastritis met with in phlegmatic temperaments;” in “functional amenorrhœa;” in “leucorrhœal discharges.” The whole of this information is exclusively derived from Hahnemann’s proving of *pulsatilla*; but Hahnemann’s name is never mentioned. Are these some of the “genuine results of my own observation”?

Staphysagria is pronounced useful in “obstinate neuralgia affecting the facial and superficial spinal nerves of the neck.”

The indications given for the use of *cocculus* are entirely homœopathic. Sir Robert Christison, in his *Dispensatory*, says that of its action in medicinal doses nothing is known! But Dr. Phillips has from his reading of the homœopathic *Materia Medica*, and from his having practised homœopathically, been enabled to write a very fair account of its virtues in vomiting, dyspepsia, menstrual colic, leucorrhœa, chlorosis, and various nervous affections.

In a short notice of *chelidonium*, Dr. Phillips does for once

mention the name of a homœopathic physician as an authority. He writes: "As a nervine remedy it has been employed in paralysis, for spasmodic cough, and neuralgia (Buchmann)." From the elaborate proving of this drug by Dr. Buchmann, translated in the *British Journal of Homœopathy*, Dr. Phillips might have given a much fuller and more practically useful account of this remedy.

Of *sabina* he says that "in menorrhagia, leucorrhœa, and uterine hæmorrhage, singularly enough savin has proved useful in many hands." Now surely one who has had so long an experience of homœopathy as the author of this work has had must be aware that there is really nothing at all "singular" about its value in such cases. At any rate, there is nothing more singular in the matter than there is in the efficacy of *ipêcacuanha* in vomiting, of *arsenic* in gastritis, of *pulsatilla* in amenorrhœa, or that any other homœopathic medicine should be serviceable.

Thuja. "My own experience," writes Dr. Phillips, "induces me to recommend it in the highest terms for the cure of warts with a narrow base and a pendulous body." He also says that condylomata are often rapidly cured by its external application. Here, again, is another "genuine result" of Dr. Phillips's study of homœopathy.

The foregoing are specimens of the drugs which for the first time appear as remedies in a work—presumably non-homœopathic—on materia medica. In each instance the indications have been derived from the law of *similars* having been brought to bear upon the study of the physiological action of the drug. That is to say, they are homœopathic. At the same time, we must not fail to note that these indications are far fewer than they might have been. In scarcely a single instance has Dr. Phillips given as full an account of the uses of each drug as he might have done. In writing on colocynth for instance, while its utility in colic is mentioned, no reference whatever is made to its influence in neuralgia of the fifth pair, and on that affecting the sciatic. Perhaps our author thought that his readers were not sufficiently prepared to accept a statement so entirely out of the range of their experience as this would have been! The antipathic indications, the purgative, diuretic, or narcotic properties of the various drugs are also stated. So carefully is the word homœopathy omitted throughout the whole volume, so studiously is every homœopathic writer on any remedy kept out of sight, and so thoroughly are the homœopathic and antipathic indications jumbled up together, that we have little doubt but that Dr. Charles D. F. Phillips's contribution to the literature of drug-therapeutics will pass muster as "a valuable work" with many who would denounce in no measured terms the sources of his information, did they but know them.

From a moral point of view, a book which sets forth as the genuine results of the author's own observations the work accomplished by others—one which uniformly suppresses the names of those to whom we are indebted for certain suggestions of importance—one which states, in a purely empirical form, facts which the author well knows to have a rational and scientific basis, is not a pleasant subject of contemplation. Still more painful is it to feel that, had Dr. Phillips published these facts, as he might, and, whatever the consequences, ought to have done, his work would have been held up to ridicule, instead of being, as it may be, declared "valuable," "practical," and so forth. Such is the effect of the trades-unionism of the British Medical Association and similar societies. A man may write, and obtain credit for writing, pure homœopathy, provided he will either state that what he does write is not homœopathy, or by omitting all reference to the principle of *similars*, seem to imply that he knows nothing thereof. Dr. Phillips has chosen the latter course. But we believe that the day will dawn when he will learn that in therapeutics, as in all else, a straightforward, manly course is that which alone will secure for him the respect and esteem of honourable and upright men—medical trades-unionism notwithstanding.

Text-Book of Modern Medicine and Surgery on Homœopathic Principles. By E. HARRIS RUDDOCK, M.D. London Homœopathic Publishing Company, Finsbury Circus. 1874. Pp. 1004.

The estimate formed of this work will be different according to the point of view from which it is examined. As a volume of general utility, as one containing a large and varied amount of information concerning the nature of a considerable proportion of diseases, and the remedial measures requisite for their cure or palliation, it possesses strong claims to our commendation. On the other hand, it cannot rank as a first-class work on practical medicine. The descriptions of disease, though good enough for the general reader or the busy practitioner, are neither so full or so thorough as to warrant its having a place assigned to it among the classics of medicine. The indications for the use of remedies also are too terse, too void of life in their description to be of any more assistance than an ordinary repertory. Dr. Ruddock points to a group of medicines, among which it is probable that one will be found well adapted to cure or relieve an individual instance of the disease he is treating of; but the differential diagnosis of each is too slightly given for a work of so pretentious a character as this.

It is improbable that any description of the indications for the selection of a medicine can be so well drawn as to supersede the use of a Repertory in all cases ; still there are many, very many, in which such an account might be relied upon alone. In the work before us the instances in which such a trust can be reposed are few.

There is one feature of Dr. Ruddock's book which is excellent. The stress he lays upon dietetics and hygiene is stronger than is often met with ; the amount of space he devotes to these two branches of therapeutics is greater than that ordinarily allowed to them in works on the Practice of Medicine, and the details respecting each given in connection with the various forms of disease discussed are sound and useful.

In a comprehensive book like this, it is of course necessary that an author should quote largely from the writings and scattered observations of others. It would be a very incomplete work indeed did he not do so. Wherever such quotations are made, the place where the original may be found ought to be stated. This is due not only to the observer, but to the reader. In nearly every instance, however, Dr. Ruddock, instead of pointing out the original source, directs his reader to some volume of the *Homœopathic World* in which he will find the quotation ! This may be a very good way of advertising the journal of which our author is the editor, and of indicating the large variety of information diffused through its pages ; but it is really of comparatively little service to the student of the *Text-Book of Modern Medicine and Surgery*, who may not unnaturally, in some instances at least, wish to have an opportunity of reading the entire paper of which the extract forms a part, without the trouble of first of all turning to a volume of the *Homœopathic World* as an index. Dr. Ruddock would add much to the value of his work if, in the next edition, which—considering the immense popularity of his now numerous compilations—will probably be demanded within a very brief time, he would give the original book or journal in which the observations he refers to may be found.

Persecution for Opinion in Medicine. Reprinted, with Addition, from the *British Journal of Homœopathy*, October, 1874. London : H. Turner & Co., 77, Fleet-street, E.C. Pp. 16.

We gladly welcome this excellent contribution to the homœopathic controversy. It consists of an article *On the Relations of the Profession towards Homœopaths* that appeared in the *Medical Press and Circular* a few weeks ago (on which we published a few remarks in our September number) of Dr. Dudgeon's letter

in reply to it, the editor's comments thereon, and some further remarks suggested by the position assumed by the allopathic journals and societies.

The following extract puts in a striking and thoroughly correct light the position of the majority of the profession towards those of its members who practise homœopathically :—

“ It is an indubitable fact, and the enlightened portion of the public are beginning to perceive it, that we are following out the only method of gaining for medicine the fruits of the homœopathic principle, namely, by experiment as men of science and honour. The whole profession must perforce follow our way, for there is no other; and the only question is, whether they will do so sooner or later, whether honestly or dishonestly. As yet the majority are lagging behind, but they are slowly following us, and, unfortunately, not honourably by giving Hahnemann the credit due to him for his discovery of the principle and for his hard-working pioneering in the arduous labour of proving medicines. The new phase of the question is most embarrassing to our old school colleagues. While the truth of the homœopathic principle is forcing itself on the profession, the difficulty they now have is to reconcile their conduct with their former unworthy treatment of ourselves, and their false pride leads them to endless paltry subterfuges. This device of the *Medical Press* is one of these. In spite of the general and repeated denunciations of homœopathy, which included the principle, the tactics now pursued are to pretend that the principle was not objected to, but only the infinitesimal dose, and to prove their consistency this is now made the excuse for the reiteration of all the accustomed coarse and unworthy vilification of colleagues, the fruits of whose honest labour they are meanly appropriating without acknowledgment.

“ The truth is, something must be said to show their zeal, for they are all in mortal fear of one another. The journals fear for their circulation unless they revile homœopathy. The publishers fear for their pockets. The private practitioners fear being denounced by the trades'-union clubs, miscalled ethical societies. The students fear lest they should be plucked. The young aspirants to hospital appointments fear lest they should be excluded from the objects of their honourable ambition. The so-called 'eminent men' fear loss of consultation fees and operations. The apothecaries fear loss of custom. In short, the whole profession, from top to bottom, is writhing under a veritable *Reign of Terror*. The very leaders of the medical profession, the eminent men in high positions, are themselves under the influence of the terror, and either give no guidance on the subject of homœopathy or pander to the prejudices of those on whom

they depend for consultations by joining in the senseless hue and cry of the medical mob, and lend the authority of their high status to aggravate and intensify the persecution. There are some conspicuous exceptions who will not demean and dishonour themselves by persecuting their colleagues for their medical opinions, and who will not deny professional intercourse to their differently thinking colleagues; but none even of these will make an effort to stem the tide of persecution by publicly claiming for all a perfect right to freedom of opinion and action in medical matters. Few really eminent men exist in any profession in each generation, and the posts of honour and eminence are in most cases filled by the Dr. Plausibles, who are eminent only in the eyes of the flunkey-tribe, and who, under the present Reign of Terror, could only attain to their high positions by conforming to the vulgar practice of treating homœopathy as a fraud and its practitioners as scoundrels.

“This Reign of Terror is founded on falsehood, and would be dissipated in a moment if a few even of the ‘eminent men,’ such as they are, would boldly strike for freedom and insist on being allowed free discussion on this as on every other subject. At once the whole fabric of terror and falsehood would collapse. The sectarian position at present falsely thrust upon us would disappear.”

We would that this very telling pamphlet might be largely circulated, and commend its diffusion to all who desire to see homœopathy more generally practised and its professional representatives more fairly treated.

Hours with Christ. The Cross. By the Author of “Who Wins?” &c. London: Simpkin & Marshall, Stationers’ Hall Court. 1874.

This little book consists of some fifty short pieces of poetry, on subjects connected with the Passion of our Lord. They are prettily written, full of deep religious feeling, and will doubtless be much appreciated.

The printing has been done by the inmates of the Earlswood Asylum for Idiots, and is highly creditable both to the patients and to those who have been engaged in teaching them.

EXTRACTS FROM MEDICAL LITERATURE.

In the *B. M. J.*, Oct. 3rd, we have the report of the Committee of the Brit. Med. Association, on the “Antagonism of Medicines,” by Dr. HUGHES BENNETT. A number of experiments are

recorded to show the *Antagonism between Strychnia and Chloral Hydrate*.

It appears to be established from these experiments :

" 1. That, after a fatal dose of strychnia, life may be saved by bringing the animal under the influence of chloral hydrate.

" 2. That chloral hydrate is more likely to save life after a fatal dose of strychnia than strychnia is to save life after a fatal dose of chloral hydrate.

" 3. That, after a dose of strychnia producing severe tetanic convulsions, these convulsions may be much reduced, both in force and frequency, by the use of chloral hydrate, and consequently much suffering saved.

" 4. That the extent of physiological antagonism between the two substances is so far limited, that (1) a very large fatal dose of strychnia may kill before the chloral hydrate has had time to act ; or (2) so large must the dose of chloral hydrate be to antagonise an excessive dose of strychnia, that there is danger of death from the effects of the chloral hydrate.

" 5. Chloral hydrate mitigates the effects of a fatal dose of strychnia by depressing the excess of reflex activity excited by that substance, while strychnia may mitigate the effects of a fatal dose of chloral hydrate by rousing the activity of the spinal cord ; but it does not appear capable of removing the coma produced by the action of chloral hydrate on the brain.

" It is scarcely necessary to point out the vast importance of these results to practical medicine and the indications they afford, not only in cases of poisoning by strychnia, but in cases of tetanus and other spasmodic diseases, reflex and central.

" At a meeting of the Medico-Chirurgical Society of Edinburgh on April 6th, 1870, and at the annual meeting of the association at Newcastle in 1870, I demonstrated experimentally with what certainty rabbits might be saved after receiving a fatal dose of strychnia, by the injection of a solution of chloral hydrate. Take two rabbits of about 3 lbs. weight ; inject under the skin of both 1-96th of a grain of strychnia, and then in one a solution of 15 grains of chloral : in ten minutes the first one will leap into the air and fall down tetanic and dead ; the other will go to sleep, and in about two hours will wake up as if nothing were the matter. A more certain antidote does not exist."

The "*Address in Medicine*," at the late meeting of the British Medical Association, by Dr. RUSSELL REYNOLDS, is well worth reading. We extract the following (*Medical Times and Gazette*, August 15th) on the value of *Subjective Symptoms and Treatment* :—

" The mode in which this state of mind affects us, as physicians and surgeons, is, I think, injurious. Among other evils which come from it, I will mention two. The first is, the grow-

ing disregard of what may be termed 'subjective symptoms' of disease; and the second is the effect which such frame of thought exerts upon therapeutics.

"With regard to the former—'subjective symptoms'—is it not coming to this, that but little attention is often paid to the accounts which patients give us of themselves, their ideas, emotions, feelings, and physical sensations? These are things which we cannot weigh in our most guarded balances; measure by our finest scales; split up in our crucibles; or describe in any terms save those which are peculiar to themselves, and which we cannot decompose. These symptoms are often disregarded and set aside; and the patient, whose story of disease is made up of them, is thought fanciful, hypochondriacal, hysterical, nervous, or unreal; because, forsooth, we have physically examined thorax, abdomen, limbs, and excretions, and have found in them nothing wrong; because we have looked at the retinæ, examined the limbs electrically, traced on paper the beatings of the pulse, weighed the patient, and have not found him wanting. Still he is miserable, in spite of placebo and assurance that there is 'nothing organically wrong.' There may be in him the consciousness of a deep unrest; or of a failing power, which he feels, but which we cannot see; or of a something worse than pain, a sense of 'impending evil,' that he is conscious of, in brain or heart; a want of the feeling of intellectual grasp, which he may call 'failure of memory,' but which memory, when we test it, seems free from fault; a want of the sense of 'capacity for physical exertion,' which seems, when we see him walk or run, to be a mere delusive notion, for he can do either well and easily to our eyes and those of others; and so he is called 'nervous,' and is told to do this or that, and disregard these warnings that come to him from the very centre of his life. And let me ask whether or no it has not again and again happened in the course of such a history as that which I have only faintly sketched, that some terrible catastrophe has occurred? Do we not see minds gradually breaking down while we say there is no evidence of organic change in the brain?—hearts suddenly ceasing to do their work, when, after careful auscultation, we have said there was nought to fear? Suicide or sudden death sometimes disturbs the calm surface of our scientific prognosis of no evil; we may be startled, and may then see all that we ought to have seen before. But when the ripples that such unforeseen events have occasioned on that smooth surface have subsided, we go on as we have already done, and still pay but little attention to what the patient feels, and delight ourselves in the precision of our knowledge with regard to physical conditions of which he may know nothing and may care still less. No one can appreciate more highly

than I do the value of precise observation, but I do not believe that minute, delicate, and precise observation is limited to a class of facts which can be counted, measured, or weighed. No one can see more distinctly than I do the wrong conclusions at which a physician may arrive by accepting as true the interpretations which fanciful patients may offer of their symptoms ; but I am sure that, if we pay no heed to these mistaken notions of a suffering man, we lose our clue to the comprehension of the real nature of his malady. Morbid sensations and wrong notions are integral parts of the disease we have to study as a whole, and we are bound to interpret their value for ourselves ; but we can ill afford to set them aside, when we are as yet but in the dawn of scientific pathology, and are endeavouring to clear away the obstacles that hide the truths we hope hereafter to see more clearly about the mystery of disordered life. The value of such symptoms may be slight in some kinds of disease, when compared with that of those phenomena which may be directly observed : but we are bound to remember that there are many affections of which they furnish the earliest indication, and there are not a few of which they are throughout the only signs.

“ Again : the view that is taken of the correlation of vital and physical forces, when it assumes the form that I have mentioned, and which amounts to a practical ignoring of the fact of life, is, I think, mischievous in therapeutics. That which is the differentia of life is, as it seems to me, lying in the organism, and is that which makes it capable of transforming physical forces into vital acts. But what we are often attempting to do in our treatment of disease is to elicit vital action, rather than to conserve vital force. We see that, by giving such and such drugs, we change—and, as it seems, for the better—the mere processes of life ; we may limit or increase muscular movements ; we may augment the quantity of secretion here, or of excretion there. But, let me ask, do we not often see that, when we have effected these changes, when we have given diuretics, purgatives, diaphoretics, and the like, and have witnessed their appropriate physical results, the disease is no better than before, and the patient is worse ? We have brought vital processes into play, but have used up the vital force in doing so. On the other hand, we try to check what appear to be excessive and exhausting discharges, or tiring and distressing acts ; we try and often succeed in diminishing the frequency, force, or extent of certain vital functions that appear to be, and indeed are, beyond the normal range. But, again let me ask, do we not often see, when we have succeeded in lulling a cough and diminishing the amount of expectoration, that other and far graver troubles supervene ; that, when a diarrhoea or diuresis has been cured,

the patient is worse than before ; that, when a skin eruption has been removed, some nervous trouble takes its place ?

“ Again : by the administration of alcohol or of other stimulant or tonic, we may often help a man to get through some work for which, without such aid, he was totally or partially incompetent ; we have evoked an amount of vital action that would otherwise have been impossible. But do we not often see that we have really done more harm than good ; that the weakness has increased, and that the necessity for stimulation has become aggravated, and that what was really needed was food and rest, which should have nourished the organism, built up the tissues, and replaced what was wanting in living force ? We have helped our patient to do things he could not otherwise have done, but we have used up his life in doing so.

“ Once more : in the present day, electricity, in its many forms, has come again into fashion, and constant and faradic currents, chain-batteries, and magnetic belts are topics of common conversation and articles of dress, in boudoirs and clubs, as well as in the consulting-room of the physician. The mischief that is being done by such abuses of a very valuable therapeutic agent is grave and manifold ; but is the profession altogether blameless in this matter ? There are some conditions in which electricity is very useful, and useful by calling into play the function of nerve and muscle ; but it has again and again been used when it could by no possibility have been productive of the slightest advantage, and when the production of such enforced action of muscle and nerve has but diminished the strength and exhausted both the energies and the endurance of those who had not one grain of either of those qualities to spare. Muscles and nerves have been driven into action when they needed rest ; but that which has guided the practitioner into such mistaken practice has been the notion that to evolve function was the great end of treatment, whereas what was really needed was a conservation of the central nutrition, and a consequent addition to the stock of vital force. Rest, food, cod-liver oil, and soothing drugs, were needed ; and not faradisation, alcohol, or strychnia.

“ These points are enough to show the class of evil which may arise from what I hold to be a wrong way of putting the notion of the relation between physical and vital force, between life and vital function ; and I cannot but think that, by a review of our ideas of life, and by a regard to the objects, direction, and limits of our therapeutic agents, we may hereafter find it less frequently recorded in the domestic annals of our patients, that he or she had ‘ suffered many things of many physicians, and was no better, but rather the worse.’ ”

The two following cases of severe coryza, produced by small

quantities of *iodide of potassium*, occurring in the Belford Hospital, Fort-William, under the care of Dr. ALLAN (*Brit. Med. Journ.*, Sept. 26), are worth recording, from a pathogenetic point of view :—

“CASE 1.—Duncan McC., an old man, was admitted to the Belford Hospital on November 11th, 1873, complaining of pain in the head—occasionally a sensation as if he could not keep his feet, and at times failure of vision. On the 12th, the following was his condition: Pulse 72; tongue clean; pupils normal; bowels inclined to be constipated; sleep pretty good; no appetite; heart-sounds normal. He was ordered to have the bowels moved, and to take three times a day a tablespoonful of a mixture containing forty grains of *iodide of potassium* in four ounces of infusion of quassia. Next day, the 13th, there were well-marked coryza; puffiness round the eyes; watering of the eyes; ‘sniffing’ in the nose, &c. The headache, the patient said, was greatly relieved. He had one dose of the medicine on the evening of the 12th, and another on the morning of the 13th; in other words, the symptoms appeared after the patient had taken ten grains of the *iodide*.”

“CASE 2.—Eliza W., aged 39, was admitted on December 8th suffering from debility. She had had an attack of rheumatism nine months previously. There were swellings on the fingers, wrist, &c., the result of the rheumatic attack. She was put on tincture of muriate of iron. The rheumatic pains returned. Nitrate of potash and bicarbonate of soda were then administered. On December 23rd she was ordered to have, three times a day, five grains of *iodide of potassium* in infusion of quassia. On December 25th, the patient was found to be suffering from a very severe attack of coryza, &c., like ‘cold in the head.’ The symptoms were very marked; they had come on the previous night. The woman had not taken more than six doses of her medicine, *i.e.*, thirty grains of the *iodide*.”

In the *Lancet*, Sept. 19th, there is a valuable and interesting paper by Dr. MAGNAN of Paris, on the “*Comparative Action of Alcohol and Absinthe*,” from which we quote the following admirable account of the action of *absinthe* :—

“In a weak dose, essence of absinthe induces a more or less marked muscular tremor, little abrupt jerking shocks, like electric discharges, repeated one or several times, in the muscles of the neck, and giving rise to rapid and very limited movements of the head, which is carried upwards and backwards; the contractions reach in succession the muscles of the shoulders and the back, and then provoke stronger abrupt contractions, which raise, by jerks, the anterior part of the body. This action of absinthe, more especially directed to the head and neck—that is to say, its influence upon the bulbo-cervical region of the cord, is the more remarkable because alcohol acts in the reverse

order. The latter, in fact, as we have seen, produces at the onset paraplegia, before paralysing the anterior parts of the body; absinthe, on the contrary, provokes spasmodic contractions in the fore-quarters before producing generalised convulsions. And this is not all: sometimes one sees a very interesting phenomenon come on in the dog; the animal stops all of a sudden, stays motionless as if stupefied, with the head low, a dull look, and the tail hanging down. It keeps this attitude for thirty seconds to two minutes, and then spontaneously regains its habitual appearance. This is a vertiginous condition, which is not without analogy to the *petit mal* or 'absence' of the epileptic.

"The action of the essence of absinthe in a large dose is different, or, rather, it is a higher degree of intensity of the phenomena.

"After prodromata analogous to the occurrences of which we have just spoken, or even abruptly or more or less rapidly, according to the mode of introduction of the poison, epileptic attacks come on: the animal loses consciousness, falls, and stiffens in the tonic convulsions which form the first stage of the fit. Most frequently the extensor muscles of the neck and back contract energetically so as to produce opisthotonos; but with this one almost always remarks a slight pleurosthotonos either to the right or to the left. Sometimes, in place of an extension of the head, it is flexion which is in excess, and which may by a forcible emprosthotonos make the animal turn over itself. To the tonic convulsions succeed, after the lapse of a few seconds, clonic convulsions, with snapping of the jaws, foam (sometimes bloody) on the lips, and biting of the tongue; and one sees the evacuation of urine and fæcal matters, and even of semen, occur in some cases. The attack over, the animal continues in a state of slight stupefaction for a brief interval. The attacks of epilepsy show themselves sometimes with this *ensemble* of symptoms, and leave intervals between them of ten or twenty minutes, or even longer.

"The action of essence of absinthe, however, does not reveal itself only by a stimulation of the excito-motor power of the nerve-centres; it shows itself also by intellectual disturbances; and, acting in an inverse mode to that of alcohol, which requires a certain time to produce delirium, this substance gives rise to hallucinations at the first onset, without previous preparation, in an animal which up to that time was free from every ailment. In fact, what we see in the dog, in some cases, after intravenous, subcutaneous, or stomachal injections of essence of absinthe, is as follows:—In the interval between two epileptic attacks, and sometimes before the convulsive symptoms, or even without convulsions, the animal is seized with an attack of delirium.

All of a sudden he erects himself on his paws, the hair bristles, the look becomes wild, the eyes, injected and brilliant, staring at some particular spot where there is nothing apparent to draw his attention; he barks furiously; advances and retires as before an enemy; with open mouth, he throws his head suddenly forwards, and immediately shuts his jaws and shakes them from side to side as if he wished to tear his prey in pieces. This attack of delirium may recur several times; then the effects pass off, and the animal becomes quite calm.

"It is not necessary to insist here upon the parts which belong to the spinal cord and to the brain respectively in the production of this group of symptoms. It will be sufficient to call to mind that, after section of the cord below the medulla oblongata, we obtain separately and at different times an attack of bulbar epilepsy (head, eyes, mouth, and face), and an attack of spinal epilepsy (limbs, trunk, and neck). On the other hand, after the removal of the cerebral hemispheres, the convulsions are produced in the same manner. Lastly, we have seen that the delirium may show itself without convulsive seizures. All these are so many proofs demonstrating that the cerebro-spinal axis in its entirety concurs in the production of epilepsy; but that each one of the parts may be influenced separately, and may give rise to a determinate group of symptoms."

The above account of the power of absinthe to produce a condition so strikingly like epilepsy ought to make it a valuable homœopathic remedy for this disease.

The following article in the *Med. Times* (Aug. 8th) is worth extracting. It is on "*Acne and other Affections of the Skin, due to Bromide of Potassium* :—

"Dr. THEODOR VEIEL, of Cannstadt, contributes a very interesting paper on the above subject to the *Viertel Jahreschrift für Dermatologie und Syphilis*, 1874, Erstes Heft. After referring to the literature of the eruptions produced by bromide of potassium, and giving the details of several accurately observed cases of his own among a number examined in a large epileptic hospital at Stettin, he gives a summary of all the facts known about the disease at the present time.

"In the first place, it is impossible to foretell what dose of bromide will give rise to an acne. Its early or late appearance seems to depend entirely on the constitution of the individual. Some persons get it with small doses, some only with large, while with others even the largest doses fail to produce it. The two sexes seem to be about equally predisposed to it, and the same may be said of constitution. Dr. Veiel has observed this form of acne as frequently in robust and florid as in delicate and anæmic persons. He has not been able to decide the question whether it resembles acne vulgaris in attacking principally young

persons, as he has not had the opportunity of examining patients in middle life and old age who were taking bromide; and this point seems to have been passed over by others.

“A greasy condition of the skin from abundant secretion of sebum appears to favour its occurrence; and if there are comedones, or acne vulgaris, present before the use of the bromide, they become increased by its action; but Veiel has never seen an ordinary acne disappear in a person taking it, as Dr. T. Fox and Dr. Cholmely have (*Medical Times and Gazette*, December 11th, 1869). The efflorescences make their appearance gradually, and not in an acute form, with fever.

“The locality selected is more extensive than in acne vulgaris, and there is a decided preference for parts where hairs abound. Thus, besides the face, chest, and shoulders, it attacks the hairy scalp, the eyebrows, and the hairy parts of the thighs and legs. It may even occur over the whole body. It thus resembles tar and iodine acne in its distribution. The colour is not at all characteristic. All gradations of tint, from rose colour to the deepest bluish and brownish red, have been observed, and a coppery shade is not at all the commonest.

“The development of the eruption, and the form of its constituent elements, exactly resembles that of acne vulgaris. Veiel was unable to find a trace of bromine in the contents of some of the pustules in two cases, while it was present in the urine. Although, therefore, he does not deny the possibility of its excretion through the sebaceous follicles, yet he considers that the quantity excreted, since it cannot be detected by chemical examination, is too small to set up inflammation in the follicle, and so give rise to the acne by direct inflammation.

“The only characteristic feature of acne due to bromide of potassium is its increase and diminution when the dose of the latter is raised or lessened. Bromine acne is distinguished from acne vulgaris by its predilection for the more hairy parts of the body, so that most of the pustules are pierced by a hair. It also occurs without the antecedent existence of comedones. Bromide acne thus resembles tar and iodide acne; but it can be distinguished from them by the chemical examination of the urine, as well as by a characteristic fetor of the breath, which affects all patients with acne due to bromide of potassium. This salt also produces some rather curious affections of the skin apart from acne which are deserving of general attention from their diagnostic importance. Thus, Veiel has met with several cases of an eruption on the legs exactly resembling erythema nodosum, which persisted as long as the bromide was continued, and quickly vanished on its being left off.

“Another and more frequent eruption consists of a diffuse erythema, always absolutely limited to the lower extremities, and accompanied with fever and a great deal of pain. Dr. Haberle,

Superintendent of the Epileptic Hospital at Cannstadt, observed the occurrence of foul ulcerations on the legs of two boys who were taking the bromide. Wheal-like elevations, from the size of a shilling to a florin, appeared on an erythematous base, and were exceedingly tender on pressure. They then assumed a warty aspect, and at last ulcerated. The ulcers showed no sign of healing as long as the bromide was continued, but healed spontaneously when it was omitted, leaving a pigmented scar.

“The most interesting phenomenon which Dr. Veiel records in connexion with bromide of potassium is the appearance of numerous large warts on the face (cheeks, nose, and eyebrows) and on the legs of a boy of sixteen, soon after he commenced taking it. The warts exactly resembled those which young people get on the backs of their hands. The largest was two centimetres high and a centimetre broad. Veiel believes that a development of warts under similar circumstances has not been before observed.”

D. D. B.

NOTABILIA.

THE WORLD'S HOMŒOPATHIC CONVENTION.

THE following report has been issued by the Committee of the American Institute of Homœopathy appointed to make the arrangements for holding a meeting of homœopathic physicians from all parts of the world, in Philadelphia, in 1876:—

REPORT.

* * * The Committee have adopted, and they recommend to the Institute to sanction and adopt, the following plan for conducting the World's Homœopathic Convention:—

“1. That the American Institute of Homœopathy meet in 1876 in Philadelphia as ‘The World's Homœopathic Convention under the auspices and control of the American Institute of Homœopathy;’ and that the date of the meeting be determined at the annual meeting of the Institute in 1875.

“2. That the Bureaus and Committees of the Institute which shall be appointed in 1875 shall present their usual reports at the regular meeting of the Institute in 1877; and that, in 1876, in place of the reports and discussions of the Bureaus and Committees of the Institute, the World's Convention receive the reports and discussions of essayists and debaters of our own and foreign countries, to be appointed by the Committee of Arrangements.

“3. That the transactions of the World's Convention be published in a handsome bound volume, to be distributed among the members of the Institute and their foreign guests; and that the expenses be paid by the Institute.” * * *

The Institute, by a unanimous vote, passed the following Resolution :

“ *Resolved*, That the Institute accept and adopt the Report of the Committee of Arrangements of the World's Homœopathic Convention, and that it authorise the Committee of Arrangements to proceed to execute the plans adopted by them.”

The following were elected to fill vacancies in the Committee of Arrangements :—

Alabama, Dr. F. F. de DERKEY, Mobile.

Mississippi, Dr. D. B. CHASE, Natchez.

Texas, Dr. WM. M. MERCER, Galveston.

Illinois, Dr. A. E. SMALL, Chicago.

New Hampshire, Dr. J. T. WHITTLE, Nashua.

Vermont, Dr. C. B. CURRIER, Middlebury.

Rhode Island, Dr. WM. VON GOTTSCHALK, Providence.

Louisiana, Dr. WALTER BAILEY, New Orleans.

On motion it was resolved that the Chairman be empowered to fill all other vacancies, and that the Executive Committee have power to fill vacancies in their Committee, and the Chairman of the Committee of Arrangements was made *ex-officio* a member of the Executive Committee. On motion the Chairman was directed to print the proceedings and reports of the Committee of Arrangements and distribute copies among the members of the same, that they may know what has been done and is proposed to be done by the Committee and what is expected of them.

At the meeting of June 11th, 1874, the Committee of Arrangements unanimously adopted the following Report of a sub-committee appointed to present a final plan of operations :—

“ 1. That, *wherever State or National Homœopathic Societies exist, they be appealed to to furnish historical and statistical reports concerning homœopathy in their respective States or Nations ;* where there are no such societies, that prominent resident physicians be requested to do this work ; and they recommend that the business of applying to these societies or individuals, in the United States, be placed in the hands of the Chairman of the Committee of Arrangements and of the members who represent the respective States ; and that, if the members representing States refuse or neglect this duty, the Chairman of the Committee shall have power to assign the work to other physicians. The object of associating the Chairman with the State members is that he may have cognisance of what is doing, and may be able to supply deficiencies. Also, the Chairman shall be allowed to assign the business of soliciting and receiving reports of various *sections* of our country to such members of the Committee as may be peculiarly qualified to assist him.

“ 2. As regards foreign countries, that the Committee of Ar-

rangements authorise their Chairman to appoint a sub-committee of two members to act with the Chairman as an 'Advisory Committee,' and which, with the Chairman, shall conduct the foreign correspondence of the Committee of Arrangements, and appoint essayists and debaters. They shall proceed, without delay, to the work of securing historical and statistical reports and of appointing and securing essayists, to the end that ample time may be allowed for the production of works worthy of the occasion, and shall make every effort to *have all papers and reports in the hands of the Chairman as early as January 1st, 1876.*

"3. It being, at this time, uncertain what number of foreigners may contribute to our transactions, the apportionment of appointments as essayists, &c., among our own and foreign physicians, shall be left to the discretion of the Chairman and Advisory Committee; but an American physician should be appointed to prepare a historical summary of what has been done and is doing in each of the departments of medicine which it is proposed to discuss in convention. This will complete the historical portion of the Transactions, giving us the history and statistics of Homœopathic INSTITUTIONS, REPRESENTATION AND THOUGHT.

"The Chairman and Advisory Committee *shall also secure, if possible, in addition to essays from foreign individual physicians, official scientific communications from foreign National Homœopathic Associations.*"

This Report having been unanimously adopted, the Committee of Arrangements, on motion, adjourned, subject to the call of the Chairman. CARROLL DUNHAM, M.D., *Chairman.*

ROBT. J. McCLATCHEY, M.D., *Secretary, p. t.*

"THE MEDICAL PRESS AND CIRCULAR" ON HOMŒOPATHY.

A BY no means unusual mode of endeavouring to withdraw professional attention from homœopathy, and to render this method of treatment ridiculous in the eyes of patients, is for a medical journal to fasten upon some absurd statement made by a medical man practising homœopathy, and to style it "homœopathic"—to make it appear as though it were one of the features of homœopathy—as something believed in and acted upon by all homœopathic practitioners. The *Medical Press and Circular* has recently given two illustrations of this manner of setting aside a therapeutic doctrine which is rapidly being received and practically taught in all directions. The first of these paragraphs is entitled "Homœopathic Moonshine!" It purports to be "genuine homœopathy." It seems that a Dr. Higgins, hailing from Charlotte, North Carolina, assumed that ailments arising

from exposure to the night air were due to the influence of the moon, and he accordingly leaped to the further conclusion that a glass of water exposed to the beams of the moon for three or four hours would cure such distempers. Water which had been so exposed he termed *luna*. Then he had *luna* "potentized" up to the 18th. Not being satisfied with this degree of potentization, he saturated some *saccharum lactis* with *luna*, and by the efforts of Dr. Fincke it was further potentized up to "cm," whatever that may be. The moon having had so satisfactory an influence on the water, Dr. Swan of New York—who, by the way, has "proved" skim milk to an alarming extent—exposed water to the direct rays of the sun, and having by the aid of Dr. Fincke potentized *sol* up to the aforesaid "cm," set to work to cure headaches arising from sunstroke, and appears to have succeeded to an extent very gratifying to himself, at any rate.

We have first to remark that Dr. Higgins and his friends must have very queer notions as to what homœopathy is, if they suppose their proceedings to present any analogy to it. Arsenic is not the homœopathic remedy for arsenical poisoning. It is not a small dose of the *causa mali* that cures disease. It is a substance which will produce a similar condition that does this. But, setting this aside, beyond the fact that some men who happen to practise homœopathically have published a great deal of nonsense, homœopathy has no more connection with it than it has with Count Mattei's medicines or any other absurdity. It suits the purposes of the *Medical Press and Circular* to call this "genuine homœopathy," and it does so.

The second paragraph is entitled the "Homœopathic Definition of a Drug." This in reality is Dr. Hempel's Definition of a Drug, and has no more to do with homœopathy than Dr. Hempel's definition of anything else. Dr. H. says, "I hold that a drug," &c.; he does not say, "In the homœopathic system of medicine a drug is understood to be," &c. The definition Dr. H. gives is, as is usual with him, of a highly imaginative type, expressed in the biggest words he can find, and in the most confusing style he is capable of adopting. The editor of the *Medical Press and Circular*, quoting the language of Dr. Hempel, wishes he could "give homœopathy credit for being 'a material substratum characterised by definite properties.'" We on our part wish that we could in the attacks of our Irish contemporary upon homœopathy and homœopaths see any "material substratum" of intelligence or honest intention.

BRITISH HOMŒOPATHIC SOCIETY.

THE second ordinary meeting of the present session will take place on Thursday next, the 5th inst., at seven o'clock. During the private business a motion of considerable importance, proposed by Dr. Bayes and seconded by Dr. Dudgeon, will come on

for discussion, and it is hoped that as many members as can do so will attend to take part in it. At eight o'clock a paper will be read by Dr. GALLEY BLACKLEY, entitled *Two Cases of Hydrophobia, with Observations*.

OBITUARY.

JAMES DORE BLAKE, M.D.

WITH much regret do we announce the death of Dr. BLAKE of Taunton, well known as a physician of great acuteness throughout the counties of Devon and Somerset; well known still more widely as one who not only made great sacrifices to enter, late in life, the profession of his early choice, but who, when he had succeeded in doing so, had to endure the cowardly persecution of his professional rivals, and to face an amount of opposition in consequence of his faith in homœopathy, that would have fairly crushed a less energetic or less independent spirit.

Born at Salisbury on the 18th of November, 1805, he received his education at Lymington in Hampshire, and at Wellow in the Isle of Wight. He early displayed a taste for anatomical, chemical, and mechanical studies. Although his youth was passed in an atmosphere uncongenial to one of his studious habits, and though his difficulties in acquiring knowledge were increased by deafness during the first sixteen years of his life, he nevertheless worked away with that unflagging zeal which commands success.

On leaving school it was his desire to "walk the hospitals," but his father was averse to his devoting his attention to medical studies. The prime of his life was consequently spent in commercial pursuits, which to him were both irksome and distasteful. During this period he carried on many original, scientific researches with Sir Thomas Lethbridge, and the well-known electrician, Andrew Crosse of Fyne Court.

In 1841, when at Bristol he was brought into contact with Mr. Trotman, a retired naval surgeon, who had studied under Hahnemann in Paris, and who was an ardent advocate of the then novel doctrines of homœopathy. This was the turning point in Blake's career. Trotman soon detected in him a singular power of relegating effects to their causes, and strongly urged him to turn his attention exclusively to medicine.

So it happened that at the age of forty, and with six children dependent on his exertions, he entered upon the hazardous experiment of forcing the portals of a jealous profession.

At Trotman's instance, Mr. Blake prosecuted his studies at University College, at Middlesex Hospital, and at Dermott's School of Medicine in Charlotte Street. Day and night he worked with unremitting assiduity, and finally succeeded in obtaining the diploma of the College of Surgeons. He com-

menced practice at Taunton in 1846. His appearance in Taunton as a qualified surgeon, his open avowal of his faith in homœopathy, and his determination to practise homœopathically, roused the jealousy and enmity of his professional neighbours to a pitch which determined them to leave no stone unturned to oust him from the position he had taken up. Two memorials were presented to the Council of the College of Surgeons, praying for his removal from the College roll, on the ground of his educational career having been misrepresented by him. To the first no attention was paid. Then followed letters in the *Lancet* and *Provincial Medical and Surgical Journal*; private interest was brought to bear upon members of the Council; the fact of his practising homœopathy was made the most of; and finally, the Council in secret conclave, without condescending to hear any evidence from Mr. Blake himself, or to listen to any witnesses of the perfect truth of every statement he had made—and he was well prepared with many—the Council, on the purely *ex parte* assertions of jealous rivals, removed his name from the list of the members of the College. At this time Mr. Dermott, at whose School of Medicine in Charlotte Street he had chiefly studied, published a letter in the *Medical Times*, testifying that during the whole of the time he was attending his school he “was unremitting in his studies, morning, noon, and night; in fact, no student could have exhibited,” wrote Mr. Dermott, “a greater degree of application than he did.” All, however, was of no avail against the influence of the Taunton surgeons and the prejudice against homœopathy.* Still, however, Mr. Blake held his ground; he remained at Taunton, and succeeded in gaining the confidence of a large portion of his fellow-townsmen.

The next device adopted to get rid of him was to hold inquests on the bodies of patients who died while under his care. As the coroner was an allopathic surgeon, ever ready to damage a homœopathist, the character of these proceedings can be readily imagined. But all failed to shake public confidence in Mr. Blake. His practice grew, in spite of all the efforts of his adversaries to diminish it.

The persecutions to which Mr. Blake was subjected, in consequence of his devotion to homœopathy, having become known to the Faculty of the Homœopathic Medical College of Philadelphia, the honorary degree of Doctor of Medicine was by them conferred upon him.

Notwithstanding the unceasing opposition to which he was subjected, Dr. Blake persevered in practising at Taunton, and has for very many years enjoyed the confidence of an extensive

* A full report of these proceedings appears in the *British Journal of Homœopathy*, Vol. V. p. 377.

clientèle of patients and friends in that town and neighbourhood.

In February 1872, while in the midst of his professional engagements, he had a fit of apoplexy which resulted in hemiplegia. He was at once compelled to retire from practice, and subsequently removed to the neighbourhood of Bristol, where, after several similar seizures, he died on the 13th ult., the immediate cause of death being pneumonia.

Untiring energy, unflinching determination, and great decision were Dr. Blake's chief characteristics. He was an eminently kind, large-hearted man, ever ready at the call of suffering, whatever the social condition of the sufferer.

Dr. Blake leaves a widow and seven children. His four sons are all in the medical profession; the three elder, Dr. Gibbs Blake of Birmingham, Dr. Edward Blake of Reigate, and Mr. Joseph Blake of Sheffield, are all practising homœopathically. The youngest, Mr. Hahnemann Blake, is at present travelling abroad, prior to settling in practice.

CORRESPONDENCE.

THE WORLD'S HOMŒOPATHIC CONVENTION.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—May I ask you to publish the following letter, addressed to Dr. Hughes and myself by our most valued colleague, Dr. Carroll Dunham.

It is suggested that the Report, the scheme of which is so ably drawn up under six separate headings in the subjoined letter, should be entrusted to several workers.

When these Reports are drawn up, they will be read before the British Homœopathic Society and discussed. If approved, they will then be sent to America.

The names of any gentlemen willing to take part in the work should be sent, at once, to Dr. Richard Hughes, 12, Pavilion Parade, Brighton, or to me.

Yours very truly,

58, Brook Street,
Grosvenor Square, W.

WILLIAM BAYES, M.D.

“Dear Colleagues,—In the name of the ‘Committee of Arrangements’ of ‘The World’s Homœopathic Convention,’ to be held in Philadelphia in 1876, I have the honor to send you, herewith, the Record of the proceedings of the Committee, and to earnestly solicit your co-operation in the work of the ‘Convention,’ in the manner indicated in Record No. 2. We hope to have the pleasure of welcoming, as members of the ‘Convention,’ delegates from your Society, as well as from every other National and Provincial Society; and we shall be glad to see, in addition

to the delegates, such other of our British colleagues as will visit us.

“The Transactions of the ‘Convention’ are to be printed in a handsome volume, at the expense of the American Institute of Homœopathy, for distribution among its members and among the members and correspondents of the ‘Convention.’

“It is proposed that, besides scientific memoirs, these Transactions shall contain materials for a complete history of homœopathy, in the form of historical and statistical reports from the National Societies, or from individual physicians, of every nation or state in the world in which homœopathy is now represented.

“In accordance with this design, I now, in behalf of the Committee, invite you to cause to be prepared a historical and statistical Report upon Homœopathy in Great Britain and Ireland.

“I venture to suggest that this Report should embrace :

- “1. The history and statistics of the introduction, growth and representation of homœopathy in Great Britain and Ireland.
- “2. The description, history and statistics of British (and Irish) homœopathic societies and institutions (including hospitals, dispensaries, libraries, schools, &c.).
- “3. The history and statistics of British (and Irish) homœopathic literature.
- “4. The history and details of British (and Irish) legislation, affecting practitioners of homœopathy, whether by the government or by corporations (such as municipalities, universities, hospitals, societies or companies).
- “5. A clear statement of the present legal status of homœopathic practitioners in Great Britain and Ireland.
- “6. A statement of existing means, in Great Britain and Ireland, for the education of young physicians in the science and practice of homœopathy.

“In addition to this historical and statistical Report, which we earnestly desire, and to which we attach great importance, our Committee request you to cause to be prepared, a memoir or thesis on some scientific subject connected with homœopathy, and by which your Society shall be represented, in the arena of science, in the Transactions of the ‘Convention.’

“And we request that both the Report and the memoir may be prepared and transmitted to the Chairman of our ‘Committee of Arrangements’ as early as January 1st, 1876; in order that, if that be deemed advisable, they may be printed and ready for distribution among the members of the ‘Convention,’ when it shall assemble (probably in June, 1876).

“In the hope that I shall soon receive from you a response, signifying your readiness to comply with the requests of our

Committee herein conveyed to you, and communicating the names of your members to whom you may have confided the tasks of preparing the desired Report and Memoir, I have the honor to subscribe myself, with expressions of great esteem,

"Your friend and colleague,

"CARROLL DUNHAM, M.D., *Chairman.*"

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

THE LONDON HOMŒOPATHIC HOSPITAL BAZAAR.—We have received from the Manager of the Hospital a list of the names of those who obtained the prizes in the Art Union Distribution, which we hope to be able to publish in our next number,

Communications, &c., have been received from Dr. BAYES, Dr. ALABONE, Dr. BERRIDGE, Dr. MORRISON, Mr. TRUEMAN, London; Dr. GIBBS BLAKE, Birmingham; Dr. W. B. A. SCOTT, Tunbridge Wells; Dr. E. BLAKE, Reigate, &c.

BOOKS AND PERIODICALS RECEIVED.

Persecution for Opinion in Medicine. London: Turner & Co.

Surgical Diseases Curable without Cutting. Parts I. and II. By R. EPPS, M.D. London: James Epps.

Characteristic Materia Medica. By W. H. BURT, M.D. Second Edition. New York: Boericke & Tafel.

British Journal of Homœopathy, October. London: Turner & Co.

Homœopathic World, October. London: Jarrold & Son.

The Chemist and Druggist, October. London.

The Transactions of the Homœopathic Pharmaceutical Association of Great Britain.

Archives of Dermatology: a Quarterly Journal on Skin and Venereal Diseases. New York: Putnam.

The New England Medical Gazette, August, Sept., and Oct. Boston.

The Hahnemannian Monthly, October. Philadelphia.

The Medical Investigator, September. Chicago.

The Cincinnati Medical Advance, Sept. and Oct. Cincinnati.

The American Journal of Hom. Mat. Med., Sept. Philadelphia.

The American Observer of Homœopathy, Sept. Detroit.

Bibliothèque Homœopathique, October. Paris.

Revue Homœopathique Belge, October. Brussels.

Internationale Hom. Presse, Hft. 10. Leipsic.

Allgemeine Hom. Zeitung, October. Leipsic.

Populäre Zeitschrift für Homöopathie, No. 9. Leipsic.

La Reforma Médica, August. Madrid.

El Criterio Médico, Sept. and Oct. Madrid.

Rivista Omiopatica, Sept. Rome.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E., or to Dr. H. NANKIVELL, Penmellyn, Bournemouth. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

A HOMŒOPATHIC GUY FAWKES.

IF the “intelligent foreigner” who is supposed to be always going about among us, note-book in hand, registering the peculiarities that come under his observation, were to be asked, “What is the great national holiday of the English people?” he would unhesitatingly reply, “The 5th of November, Guy Fawkes’s day;” and no doubt he would be right. In every town, we may almost say in every village throughout the country, the festival of Guy Fawkes—St. Guy Fawkes, we were about to say, but we believe Infallibility has not yet canonized that illustrious martyr to the faith—is kept with a fervour and demonstrativeness that are not awarded to any of the other great festivals of the English nation, not excepting even the Queen’s birthday, which is the festival that approaches most nearly to it in universality and enthusiasm.

Of course it is sufficiently well understood that the celebrants of this great national holiday do not care twopence about the real Guy Fawkes, and might not think he had done much harm had he *skied* the whole three estates of the realm—king, lords, and commons—as he intended. The old original Guy is quietly ignored, and the fanciful effigy of some unpopular minister, landlord, or vestryman, or of some actual or possible public enemy

is made to sit in the chair and hold the matches and dark lantern of the veritable Guido. The effigy seldom bears the slightest resemblance to the original. Thus, as we write on this 5th of November, a monstrous figure passes our window, clad in a tight-fitting scarlet robe buttoned down the middle, with a jolly red face adorned with huge spectacles, and a tousley hempen wig surmounted by a broad-brimmed hat, with an exaggerated puritanical steeple-crown. It would be difficult, perhaps, to guess who the figure was intended for; but we are left in no doubt on the subject, for the name "Nana Sahib" is painted on both back and front in large letters.

The great fun of the day is the destruction and cremation of the figure at its close. For this purpose it is requisite that the materials should be highly combustible and put together in such a manner as to make a glorious blaze. The addition of a few squibs and crackers, and insulting shouts to the figure and glorification of self, enhance the fun and send the performers home with the pleasing consciousness that they have spent a happy and a profitable day.

The editor of the *Medical Times and Circular* kept his Guy Fawkes festival with all due solemnity. On the 4th of November, the eve of the great holiday, he constructed an elaborate effigy of his pet aversion—the medical practitioner who holds homœopathy to be a true therapeutic rule—to serve as his Guy Fawkes for this year.

From the portrait presented to us, we see what a droll figure of a homœopathic practitioner our editor has set up. It is a combination of fool and knave—the knave rather predominating. This knave-fool has apparently entered into some solemn engagement that he shall never prescribe medicines on any but the homœopathic principle; he "professes to believe that the billionth of a grain is necessarily and intrinsically the proper dose." These prove his folly; his knavery is shown by his readiness to break his solemn engagement, never to practise

anything but homœopathy, whenever a case occurs in his practice that needs active treatment, and by his frequent departure from billionth of a grain doses in spite of his continued profession of belief in them. In fact he will go so far as to prescribe "ten grains, which he *must* believe to be a highly injurious quantity." As his patients consist exclusively of "nervous old ladies, weak-minded valetudinarians, and stingy old maids," he can easily persuade such poor creatures that he is giving them billionths when he is unscrupulously dosing them with scruples of powerful drugs. He is forced to practise this dishonest concealment, for his patients, fools though they undoubtedly are, would "probably refuse to take the allopathic dose" if they knew it to be such, "and would set down as an arrant humbug a line of practice which thus halts between two opinions." In short, the homœopathic practitioner is an unprincipled fellow, practising what he does not profess and professing what he does not practise, and is quite unworthy of association with virtuous orthodox practitioners, whose practice always coincides with their professions.

Having thus set up his Guy and labelled it all over "homœopath," our ingenious editor incites the rabble of so-called orthodox practitioners to insult and tear it to pieces, while he lets off his squibs and crackers of "common sense," "scientific therapeutics," "morality," "honesty," and so forth, to the great glorification of so-called orthodox physic.

The homœopathic straw-man of the *Medical Press and Circular* bears of course no resemblance to the actual practitioner who acknowledges the truth of the homœopathic therapeutic law. We do *not* pledge ourselves to employ none but homœopathic remedies; on the contrary, we hold ourselves free to make use of every means that experience shows to be of advantage in the treatment of disease, from whatever quarter they may come. We do *not* "profess to believe that a billionth of a grain is neces-

sarily and intrinsically the proper dose," but we give medicines even when prescribing strictly according to the homœopathic rule in any dose our judgment or our experience may recommend to us as useful in the diseases we have to treat. Our only rule is to give the homœopathic remedy in doses sufficient to produce its therapeutic effect, but insufficient to develop its physiological action. When we wish to call forth the physiological action of a drug we administer it in an adequate dose, be that a grain or twenty grains; we make no concealment, and do not try to persuade our patients that, *e.g.*, a tablespoonful of castor oil is a homœopathic dose. We insist on our right to use our own judgment when it is desirable to give a homœopathic specific dose and when to excite the physiological action of a drug. We do *not* profess what we do not practise, for we profess only to do the best we can for our patients—and we do it. Our patients exact no pledge from us to prescribe only infinitesimals, nor even to prescribe only homœopathically. They allow us to exercise our judgment as to what is best for them. They believe, and we hope with truth, that we are conversant with all accredited methods of treatment, and they give us the preference because they know that we can give them the benefit of homœopathic treatment if their cases are such as are likely to be benefited by this treatment. In short, to parody the words of the Catholic nobleman, we are "physicians first, homœopathists afterwards." We differ from other physicians in this, that we avail ourselves of all that is good in medicine, including homœopathy, whereas they profess to avail themselves of the whole field of therapeutics *except* homœopathy, which they have over and over again distinctly and explicitly repudiated, by the fulminations of their colleges and the resolutions of their societies. We are *not* compelled to believe ten grains or twenty or a hundred grains "to be a highly injurious quantity." Under certain circumstances they may be the appropriate dose. In all cases the dose

depends on the effect it is desired to produce. In some cases, easily conceivable, ten grains would not be too large a dose for even a homœopathically-chosen remedy; in others, ten grains would be a monstrous and a lethal dose for an allopathically-selected drug.

The editor of the *Medical Press and Circular* may assert and re-assert, as often as he pleases, that what he calls "infinitesimalism" is "an essential tenet of homœopathy." This is a mere rhetorical flourish of his. He cannot make homœopathy ridiculous without attributing to it tenets which it does not hold; so in spite of our protests, in spite of the declaration of almost every writer of any authority whatever on homœopathy, this all-wise editor still sticks to his theme, and affects to know a vast deal more about our opinions and practice than we do ourselves. His evidence for his assertion is, he informs us, "the pharmaceutical nomenclature of homœopathy and the diction of every book on the subject;" but he does not inform us what pharmaceutical nomenclature has to do with the subject, nor how the "diction" of a book can contradict the invariable declaration of its author that the infinitesimal dose is not a cardinal point of homœopathy. Instances are given, by all writers on the subject, of homœopathic treatment by very material doses. By none has such evidence been furnished in greater profusion than by Hahnemann himself, and that not only from the practice of others, but even from his own practice; witness his model case of the cure of gastrodynia by the pure juice of *bryonia* root.

The fact seems to be that the editor of the *Medical Press and Circular* could find no possible ground for his defence of the persecution of homœopathically-practising doctors by the orthodox majority without elevating the practice of infinitesimalism into an essential tenet—or, we might say, *the* essential tenet of homœopathy; for he told us in his remarks on Dudgeon's Address, and he repeats the assertion in the article we are commenting on, that

“the medical profession regards with the most perfect toleration the theory and practice of ‘*similia similibus*.’” He insists that before our allopathic colleagues can associate with us, we must prove that “infinitesimalism is a *bond fide* scientific theory.” If this is really the condition on which alone we can obtain the society of our orthodox brethren, we must abandon all hopes of amicable intercourse with them. For we have no conception of what sort of thing a “*bond fide* theory,” scientific or other, is. We have heard lately a good deal of talk about the “*bond fide* traveller,” but we can derive no help from that. We do not know how to ascertain, still less how to prove the *bona fides* of a theory, nor does our censorious editor inform us. Moreover, as “infinitesimalism” so-called is merely a technical detail in the application of a therapeutic rule, we should despair of being able to prove it to be a theory at all, far less a scientific theory, and farther less a “*bond fide* scientific theory.”

Commenting on a passage in an article in the last number of the *British Journal of Homœopathy*, to the effect that the editor of the *Medical Press and Circular* assumed to know “the exact boundary between infinitesimalism and proper dosage,” the editor says: “it does not involve any great self-conceit to believe ourselves capable of drawing a line between infinitesimalism and physiological dosage.” Of course the editor was well aware that the “proper dosage” alluded to by his opponent referred to the dose required for specific or homœopathic medication, expressly stated to be “below the strength required to elicit the physiological action of the drug;” but our Guy-manufacturer tacitly ignores this, and substitutes for “proper,” “physiological” dosage, meaning, doubtless, the dose sufficient to elicit physiological action, which was precisely the kind of dosage not in question. There is, as every one knows, an immense difference between the dose required to effect the specific therapeutic action of a drug and that required to develope

its physiological action ; for even the most orthodox practitioners now know that a drop of ipecacuanha wine suffices to cure vomiting, while a drachm is often insufficient to cause vomiting.

The real Guy Fawkes has, as is well known, a kind of religious element about him. When, in the absence of any obnoxious public character, our Guy Fawkes celebrants are reduced to the necessity of falling back on the ancient prototype, the festival of the 5th of November becomes a practical expression of the ever-present "No popery" sentiment of our eminently Protestant countrymen. It was probably this theological character of the national festival he was celebrating in his own fashion, that suggested to the editor of the *Medical Press and Circular* the following sentence (*apropos* of the declaration by his opponent that "the infinitesimal dose is not a cardinal point," whereas the editor "asserts that it is an essential tenet of homœopathy," which is much the same thing): "What," he indignantly exclaims, "would be the verdict of Convocation as to the morality of a clergyman of the Church of England who subscribed to a declaration that the adoration of the Virgin and the temporal authority of the Pope among us were 'damnable and heretical doctrines,' and yet held himself at liberty to teach those doctrines to any one whose tastes or tenor of mind took that direction?"

We cannot of course say what the verdict of Convocation under such circumstances would be, but as it is strongly suspected that many clergymen of the Church of England together with a certain following in the laity adore the Virgin, and the temporal as well as spiritual authority of the Pope among us is a fact that admits of no doubt at all, we suspect that Convocation would not trouble itself to pronounce any verdict upon the morality of the supposititious inconsistent clergyman ; indeed, we doubt if it is the business of Convocation to concern itself about the morality of clergymen at all, that being generally believed to be the Bishop's affair.

However, granting what our editor seems to expect would happen, viz., that Convocation would come down tremendously on the peccant clergyman, we can only say, "Let the galled jade wince, our withers are unwrung." We mean the illustration does not affect us in the slightest degree. We have subscribed to no declaration that certain doctrines or practices are "damnable" while yet we employ them when convenient. But how about our orthodox colleagues, whose champion the editor of the *Medical Press and Circular* makes himself? Are they quite free from this very sin which the editor holds up to reprobation? Have they not subscribed to declarations denunciatory of the homœopathic doctrines and practice, at their grand meeting at Brighton, through their Colleges of Physicians and Surgeons of Edinburgh and Dublin, and by their medical societies all over the country? And do they not continually use the remedies introduced into medicine by the homœopathic school, and in the mode recommended by that school which they still condemn? Do not their medical journals bestow unqualified praise on books such as the *Therapeutics* of Sydney Ringer, which is little better than a compilation from homœopathic sources, and such as the recent work on *Materia Medica* of the ex-homœopathic practitioner Charles Phillips, which is crammed full of the therapeutic lore he appropriated during his long connection with the homœopathic school? And all the while do they not lay claim to the exclusive possession of science, honesty and morality, while they accuse their homœopathic colleagues of being deficient in all these qualities? Of a truth the science of so-called orthodox practitioners resembles that of the light-fingered gentry who dexterously introduce their hands into their neighbours' pockets; their honesty allows them to reap where they have not sowed; and their morality does not prevent them bearing false witness against their neighbours, whose goods they appropriate.

Now that the editor of the *Medical Press and Circular*

has duly kept his Guy Fawkes's day, now that he has manufactured and burnt his homœopathic Guy, it is to be hoped that he will be content with this puerile effervescence, and that henceforth when he condescends to speak of homœopathy he will represent it as what it is and not as what it is not. Of course we are quite willing to admit that it is the custom—whether more honoured in the breach than the observance we will not attempt to decide—to make the Guy-effigy as unlike its prototype as possible, and so we can understand that the homœopathic Guy offered for our inspection has no feature in common with the real homœopath. But we would remind the editor of the *Medical Press and Circular* that the 5th of November does not last all the year round, and that it would be more consistent with his claims to represent medical science, were he to portray that important branch of medicine which has to do with the administration of medicine according to the homœopathic law with some regard to truth, and not continue to offer to his readers a monster evolved, like the famous camel, from his inner consciousness.

He admits that his side regard the homœopathic theory and practice with the most perfect toleration; and well they may, considering the large proportion of their best remedies they pilfer from our materia medica. Infinitesimalism—or the giving of very minute doses—is the only point that prevents him offering his homœopathically-thinking brethren the right-hand of fellowship. But as has been shown, his notions respecting the position of the infinitesimal dose in the homœopathic doctrine are entirely erroneous. It is not an article of faith of the homœopathic school, nor is it an “essential tenet,” nor a “cardinal point” of the doctrine. It is merely a detail of practice, that may be adopted or rejected without affecting the homœopathic law. No doubt when he comes to practise homœopathically he will find it advantageous to give his remedies in very minute doses, compared with those

required for the production of the physiological effects of the drugs so commonly aimed at by his side; he may even find billionths of a grain, or less, effectual in some cases.

Again, he will find that a knowledge of homœopathy does not require its possessor to make a vow never to use any remedy except on homœopathic principles. It does not expunge from its possessor's mind all the therapeutic facts he may have accumulated during his career in connexion with so-called orthodoxy, nor does it disqualify him for appreciating at their true value the methods of treatment that may be from time to time introduced into general medicine. But he will find, when he is thoroughly conversant with the homœopathic system, that the occasions are rare indeed where he will need to have recourse to other than homœopathic remedies, and when he does employ a non-homœopathic remedy he will never imagine it to be a homœopathic one, nor will he seek to persuade his patient that it is homœopathic, for that would be simply impossible, as patients know the difference just as well as their doctor.

Finally, if the editor of the *Medical Press and Circular* will once for all give up his childish habit of dressing up a homœopathic Guy for the purpose of showing how easily he can tear it to pieces, and treat the homœopathic doctrine and practice not only "with the most perfect toleration," but in a scientific and philosophical spirit, he will cease to incur the contempt and derision of the outside non-medical world, which has freely expressed its opinion of the editor's mode of meeting the homœopathic question in several of the newspapers. The remarks of *Figaro* on "Medical Intolerance" seems to have especially stirred the bile of the *Medical Press and Circular*. Perhaps the following, which we extract from a leading article of the *Liverpool Mercury* of 3rd November, will be more to his taste: "It really seems to us that, if the *Medical Press and Circular* be their oracle, the allopaths ought to be

the last persons in the world to complain of 'infinitesimalism,' for of all the infinitesimalism in argument that we ever came across, this, next to the great question between the Lilliputian factions, is about the finest."

INSOMNIA.

By C. B. KER, M.D. Edin.

THIS disease, like dropsy and many other so-called diseases, should be called a symptom of one rather than a disease itself. There is always a cause for it, though, sometimes, it is no easy matter to find out that cause. I have more than once been consulted for it by those who assured me that in every other respect they were perfectly well. Cross examination in such cases has generally betrayed some lesion or weakness capable of accounting for the insomnia, but not always. It does not seem unscientific, therefore, to class insomnia among diseases, especially as, in many cases, whatever may be the physical condition behind it, no sooner is sleep restored than the patient declares himself to be well. The treatment, therefore, in many cases is directed against the sleeplessness, and not against the cause or supposed cause of that sleeplessness. There is no disease, for disease I shall call it, which requires to be more treated on its own merits. Cases of it must not be all classed together, and prescribed for in the same way. Those who swear by a particular narcotic, may boast of the effect of chloral or chlorodyne, morphia or laudanum. Very positive effects are certainly caused by those drugs, but cure of insomnia is not one of them. No more is natural sleep restored by such narcotics than is natural action of the bowels, in constipation, by purgative pills. An immediate end is gained, and there is great rejoicing in consequence. A few days pass, sometimes not so long, and the patient is worse than he was before. Another dose of the same medicine is given, but without the same effect. A larger dose is necessary, and a larger dose is given, and a second time there is rejoicing over the good effects. But doctor and patient, however unwillingly they do so, soon come to the conclusion that palliation only is secured by the narcotics in the one case, and the purgatives in the other, and that on the whole and in the long run, more harm than good results from them.

About five years ago I was consulted by a Mr. D. For fourteen years he had been a bad sleeper. He sometimes passed weeks with only snatches of sleep. He did not lose flesh, and had fair physical strength. He was about fifty-five years of age. In addition to sleeplessness he had troublesome dyspeptic symptoms, and a weak-actioned heart, tending to fatty degeneration. The instructions given to this patient were to this effect:—to take a Turkish bath every other day, to take a grain of the third trituration of *antimonium crudum* every night, to sleep with a cold water compress over the epigastrium, to drink milk, hot or cold, instead of tea or coffee, and to make his diet as little sloppy and as dry as possible. The medicine prescribed had the dyspeptic symptoms in view more than the insomnia. The result was, that for some months he slept well, never so well in his life he used to say. Being a self-indulgent man he refused to attend to diet rules at the end of that time, went a good deal into company, and ate and drank whatever came in his way. The bad nights returned. He braved them for a time rather than subject himself to medical control, but fluttering at the heart and occasional faintness, in addition to the other symptoms, excited his fears, and he consulted me again. Before doing so he had returned to the Turkish baths, without, however, making changes in his diet. I found the digestion worse than ever. He could not eat without suffering from pain in the stomach, pressure and weight and flatulence afterwards. He assured me that he never slept at all, and that he had constant fluttering at the heart, especially when in bed. He was again subjected to strict diet rules, told to take the Turkish bath three times a week, and to return to the *antimonium crudum*. Once more he recovered his sleep, and for many months made no complaint of his dyspepsia or of his night's rest. But he returned to dinner parties and his habits of self-indulgence. All his old symptoms returned in an aggravated form. He fell into other hands and died suddenly about eight months ago.

In this case the cerebral disturbance which caused the sleeplessness resulted from that degree of mal-nutrition of brain substance which results from imperfect digestion. The quantity and quality of the circulating blood in the brain have in all probability much influence as far as the

performance of brain function is concerned. There can be no doubt that, to a great extent, the character of the blood depends on the digestion and assimilation of food. If good food is well digested and assimilated good blood is made. If the food is bad and the assimilation bad the blood cannot be good. Mal-nutrition must result from bad blood and all the evils which mal-nutrition brings in its train. Insomnia may be one of those evils, and, in the case of Mr. D. it was, I believe. When his digestion was normal he slept well, when abnormal he scarcely slept at all. A complicating element in his case, however, was the heart, and it is well known that organic and many functional diseases of that organ result in insomnia. But his heart symptoms were always greatly aggravated by dyspepsia. It was observed that the worse the digestion the worse was the cardiac condition and the worse the sleep.

I shall give another case in proof of the influence exercised by the state of the digestion over the sleep.

General Z. came to this country from India a few years ago before he had served his full time there. He was invalided home in consequence of stomach disease, which interfered so absolutely with the digestion of food that he assimilated a very small portion only of what he put into his stomach, and that with so much pain and difficulty that he dreaded meal times. When he put himself in my hands emaciation had gone to that extent that he might have sat for the portrait of a skeleton. His chief symptoms, those of which he most complained, were—pain in the region of the stomach on eating, and insomnia. It was difficult, he said, to say which of those two symptoms distressed him most. He had lost all his courage and manliness, and sometimes wept like a child. It is not necessary to enter into the treatment of this case. It is the insomnia with which we chiefly have to do here, and with that symptom, so far as his digestion had to do with it. He recovered his habits of good sleep, and lost in a great measure his dyspepsia by making a total change in his diet habits. I prescribed medicines also, but they played, I believe, a very secondary part in the change to the better which took place. He was put upon a diet which absolutely excluded all solid animal food. It consisted of milk, raw eggs, cooked fruit, farinaceous articles and green vegetables. Stimulating drinks were forbidden.

This patient, also, died in about a year after I first saw him, but his sleep was fairly good up to within a few days of his death. The medicine I relied on chiefly in this case was *arsenicum* in the third decimal trituration. I believe that there would have been no improvement in this case had the digestion not improved, nor would digestion have improved under the old plan of meat and strong soup and wine. The disease which proved fatal in this case was, probably, stomach ulcer, a disease, if any disease does, which refuses to get well unless a most careful dietary is practised. With improvement in digestion and assimilation in this case, as in the other, came better sleep.

When insomnia cannot be traced to the state of the digestive organs, or to disorder elsewhere, which can be relieved or cured, and more especially when, in such cases, it has assumed a chronic form, all means taken for its treatment sometimes fail to remove it. Another climate often cures in such intractable cases.

Mrs. B. lost her husband about three years ago. Even at her best she was nervous, excitable, and restless, and often slept badly. The shock caused to her system by her loss betrayed itself chiefly in insomnia. Weeks passed without the consciousness of sleep. Every hour was heard to strike through the long nights. Her restlessness became extreme; her mind lost all power of concentrating itself upon any subject whatever, and she was haunted day and night with fixed ideas of the most painful character. Her bodily functions were all performed fairly well, with the exception of the bowels. The stools were dark coloured, scybalous, and rarely passed. According to old beliefs, what was necessary here was simply to open the bowels and to keep them open. By means of castor oil and enemata the bowels were opened, and kept open, but without any effect upon the sleeplessness, which continued as bad as ever. All the usual medicines were tried in this case—*hyoscyamus*, *coffea*, *stramonium*, *belladonna*, *aconite*, *cannabis*, *opium*, &c., &c.; baths and compresses and skin frictions, and affusion with hot and cold water, and shampooing, were also tried, but without effect, the sleep being as bad as ever. The mind lost its tone and power, the fixed ideas began to assume the form of delusions, and insanity appeared about to declare itself, when change of scene

and air was prescribed as a remedy. She improved immediately, and, before a month had passed, sleep had returned, and her mind had recovered its tone.

In this case different diet plans were tried, but without the sleep being affected by them. The appetite and digestion were both good. The source of the insomnia was shock to the nervous system, acting probably directly on the brain substance, not indirectly through the blood. This, however, may or may not be the fact. But the effect upon the nervous system of another atmosphere was very striking. Improvement began in the railway carriage which conveyed her away from the scene of her troubles and sorrow, and culminated in perfect sleep before she had been a month away.

I shall give one other case, as it represents the operation of a different set of causes, and of different treatment in consequence.

Mr. M., a hard-working clergyman in a city district, consulted me four years ago. His symptoms were these: acute face neuralgia, attacking him at different parts of the day and night, insomnia for nearly a month, so that he rarely got more than two hours sleep in the night, anorexia, emaciation, bloodless livid complexion, prostration of strength, great restlessness. On one occasion, a short time before, he had alarmed his congregation by falling down in his pulpit. He had totally neglected Nature's warnings as to the necessity of rest, and had gone on working in his parish when his weakness was so great that he could not dress himself without assistance. Improvement in this case began immediately on his withdrawing from work and giving himself the rest which both body and mind had been craving for so long. Cod-liver oil was prescribed, and under its influence the appetite returned and enabled him to eat and digest good beef and mutton and drink good wine. *Gelsemium* was also prescribed, and no other medicine. The neuralgia did not give way at once, but it lessened in severity before three days had passed, and at the end of ten days all pain had ceased. With diminution of pain and improvement in nutrition came better sleep. He soon slept soundly through the whole night. He gained, under these improved conditions, colour and flesh and weight, and at the end of a month returned to his parish work a better, and, we must hope, a wiser man.

These four cases of insomnia are sufficient to show something of its character and causes, and the indications for its treatment. Each case must be treated on its own merits. If our aim is something beyond securing immediate sleep by means of a narcotic (which is not much better than knocking a man on the head with a club, and making it a matter of congratulation that unconsciousness is thereby produced), we soon find that our experience of one case is no great guide to us in the treatment of another. In a large proportion of cases a cause may be found for the sleeplessness in the condition of some one organ or organs of the body, and that condition must be removed or modified if sleep is to be restored.

As to cause and causes we can only go a certain way in their discovery, and even when we flatter ourselves that we have found a cause or the cause, the indication for treatment is not so very obvious. We may certainly and confidently say, if the cause is removed, the symptom of insomnia will go with it. But the cause is not always to be removed in the same way in two different persons, nor in the same person at two different times. Then there is a variety of causes to be taken into account in every case, remote or predisposing, exciting and proximate. It is not too much to say that we cannot make ourselves acquainted with these sets of causes in any single case. An approximation to a knowledge of them and to the confidence in prescribing which knowledge gives, are all that we can expect to arrive at. We who guide ourselves in prescribing by the law of similars, have a great advantage over those who prescribe in accordance with merely empirical rules. Though we may be partly ignorant of those sets of causes and their interdependence upon each other, we can make a careful examination of the symptoms, and prescribe in accordance with them, and successfully in many cases.

Some of the more obvious of the causes, chiefly exciting, of insomnia may be given here. Undue mental exercise is one, especially when accompanied by anxiety. This cause will be in operation more and more, it is to be feared, as the years go on. At our great schools, at the universities, and at the competitive examinations which bar the approach to nearly all professions and callings, there is a yearly sacrifice of health which will before long, if it is not already doing so, lead to a most serious

physical deterioration of the young life of the country. Insomnia is a frequent effect of this mental strain, partly from the brain itself being overtaxed, partly from the necessary study being carried far on into the night, partly from the strong tea and coffee drunk to keep sleep off. The habits of good sleep being interfered with in this way, other habits take their place which ignore sleep, and it is sometimes long before the lost habit is restored. Certain positions of the body tend to foster sleeplessness, rather than sleep. One accustomed to sleep with the head bolstered up by pillows may recover good sleeping habits by lying with the head low. On the other hand bad sleepers who keep their heads low may sometimes become good sleepers by lying with the head raised on pillows.

Among the most frequent causes are suppers and no suppers. The indication of treatment in these cases is, of course, obvious, to give or not to give supper. There is no mistake greater than that of calling supper as, necessarily, a bad meal to partake of, in the face of the fact that many cannot sleep without it. I have cured habits of bad sleep more frequently by insisting upon a good supper than by any other prescription. Of course the meal of supper must depend on the dinner hour. A seven o'clock dinner does not necessitate a supper, but a one o'clock dinner does. The same may be said of alcohol in any form, and of tea and coffee. They all cause sleep and sleeplessness, according as they are used or abused, and according to the hour they are taken. That certain diseases cause insomnia is a recognized fact. These are especially fevers, organic and functional diseases of the heart, jaundice, skin diseases, especially shingles and eczema, and all such diseases as are accompanied by severe irritation or pain. Great fatigue, also, so far from favouring sleep, does the exact contrary, as is proved in the experience of most. What Hippocrates says of insomnia is, that it is connected with sorrow and pain, and that it threatens delirium. Too much and too little food are causes, and the infinite variety also of forms of dyspepsia, and too sudden a change in the diet habits. Travelling about rapidly from place to place, involving, as it does, the sleeping in a new bed nearly every night, is another frequent cause. Delirium tremens, hysteria, chlorosis, and hypochondriasis are all

of them causes of insomnia, as well as mania and many of the forms of insanity.

But it not infrequently happens that no cause can be discovered of this malady. Of course that does not prove that no cause exists, but that one is in operation which defeats all efforts to discover. Such are generally the most intractable cases, but at the same time many of such are the best tolerated. The general health apparently is not greatly affected by many months and sometimes years of the smallest modicum of sleep in the twenty-four hours. In many such cases sleep is never properly recovered at all, life is not shortened, and death takes place from causes or a cause apparently independent of the insomnia. In other cases good sleep returns and continues without any special treatment having been adopted to restore it.

Much that is positive cannot be said upon the physiology or pathology of sleep, and yet the treatment of insomnia must be more or less certain according as we understand what sleep is and what are the physical conditions which account for the loss of sleep.

That sleep is dependent on the brain's condition is pretty nearly universally allowed. "Sleep," says Marshall Hall, "is a cerebral affection;" but when he goes on to say that "the spinal and ganglionic systems never sleep," he enters on more debatable ground, ground, however, which cannot here be entered upon. At first sight one would be disposed to say that if the brain sleeps, the chord sleeps too. The brain and the chord are one. Where could the line be drawn separating the waking part from the sleeping? Again, is it so very certain that the ganglionic system never sleeps? Because the heart never, during life, ceases to act, nor other organs supplied by the ganglionic system, does it follow that they never sleep? The brain sleeps, but the brain dreams, that is to say, performs its functions. If then the brain sleeps while performing its functions, why should not the heart? This argument is all the stronger if those are right who say that there is no sleep without dreams.

The old writers differed in opinion as to what sleep meant, just as the moderns do. "Sleep is a cooling of the first sensorium," says Galen, "and its heated state causes sleeplessness." Paulus calls sleep "a relaxation of the vital powers, occasioned by a suitable moisture

irrigating the brain." Averrhoes defines sleep to be the recession of the sensorial powers from their organs to the internal parts; the vital heat being then collected internally, the powers of the digestive faculty are increased; the animal powers are suspended while the vital and natural continue unaffected. This definition is not so unlike that of some authors of these days, and involves the ideas entertained by many of the parts that sleep and do not sleep. The summing up of the old opinions is to this effect:—"the efficient cause of sleep is the rest of the particular senses, and of the general sensorium; the material, a humidity which is carried to the roots of the nerves, and prevents the exit of the vital spirit; the formal or organic, the brain, in which the humidity is collected, and the final or end which sleep serves, the recreation of the powers." Phraseology apart, these views also are very much the modern ones.

The late Dr. McGilchrist gives an able paper on this subject in the *British Journal of Homœopathy*, vol. xxii. He combats successfully a very prevalent opinion, more frequently entertained formerly than now, that sleep implies congestion of the blood vessels of the brain, and rightly maintains that if such were the case sleep would be a pathological and not a physiological state. He complains that the subject is discussed by most authors psychologically rather than physiologically, though Brodie goes far in insisting that it must be so treated, as it does not admit of anatomical or physiological treatment. Dr. McGilchrist thus alludes to the usual doctrine held as to the suspension of the brain's powers during sleep. "If our latest analogical idea concerning the cerebral ganglia in particular, and the nervous system in general, be founded in fact; if they constitute a great glandular apparatus which secretes from the blood, through the cells composing such apparatus, the nerve force, then it may well be held, in opposition to the view of Carpenter and the text books, that the generation and transmission of this nerve-force, including the mind-force of the cerebrum, are never, however modified in action, wholly suspended, but that they must be, whether we can trace them or not, continuous and uninterrupted during life, like other secreting action." I think there can be no doubt that this is the correct view of the matter. If the brain is a secreting organ, the same must be claimed for it as

for all other secreting organs, that its function in health and life is never in abeyance. "During full action there is waste going on, or at least occasioned, of the material substance entering into the formation of every brain tissue; during repose the waste is directly or indirectly repaired; temporary inaction or subaction is, therefore, necessary to perfect repair; this is the physiological meaning of sleep." Dr. McGilchrist goes on to say that there are two alternating circulations in the brain, that of function and that of nutrition; the former characterized by active oxygenation and disintegration, the latter by diminished capillary flow; but unless this can be maintained as to function and nutrition all over the body, it is difficult to see how it can be absolutely declared as to the brain.

As to the physiology of sleep, he (Dr. McGilchrist) adopts the views of Mr. Durham and Dr. Hammond, views which now are pretty generally accepted. They are to this effect:—that there is no congestion of the brain blood vessels, but on the contrary, a comparatively empty state of those vessels, the blood not only being less in quantity, but flowing less rapidly; that, during sleep, this anaemic state of the brain favours nutrition of brain tissue, the waking state favouring oxidation of its tissue and changes in its chemical constitution; that the blood which flows from the brain during sleep is distributed to the alimentary and excretory organs; that wakefulness is caused by active brain circulation, and sleep by sluggish, and that circumstances causing the former may act through the nervous system or through the vascular; that an explanation of brain repose normally following brain activity, may be found in the "fact that the products of chemical action interfere with the continuance of the action by which they are produced." This explanation may be given for what it is worth. Analogy furnishes an interesting but not a scientific solution to many problems, a possible or probable, but not a certain solution. Mr. Moore says that the lessened quantity of blood in the brain during sleep is caused by contraction of the arterics, and that the cause of this contraction is ganglionic, the nervous supply to those arterics being from the sympathetic system; and that, therefore, the controlling power over the brain circulation lies outside the brain. To Durham is due this view of the physiology of sleep, as

far as the present time is concerned. Till his work was published a few years ago, the prevalent opinion was that of Haller and Hartley, to the effect that in sleep the brain was pressed upon by an accumulation of blood, which impaired its function. But Blumenbach differed from Haller, and maintained that there was an impeded and diminished flow of blood through the brain blood vessels. Durham, however, did not merely express an opinion, he supported that opinion by facts founded on experiments on the lower animals, and therefore it is that his doctrine of the physiology has been almost universally accepted. Dr. Cappie is almost the only writer in these days who maintains, in the face of Durham's experiments and investigations, that sleep is caused by pressure on the brain, induced by engorgement of the veins of the pia mater. He thus makes sleep and coma to be simply different degrees of the same state of the brain as to its circulation.

Sir Henry Holland and Bichat have both written much on the subject of sleep, but not so as to throw a very definite light on its physiology or pathology. The former calls sleep not a unity of state, but a series of fluctuating conditions, of which no two moments are altogether alike. Bichat calls "general sleep" the sum total of particular sleeps. He says also that each separate sense and faculty may or may not be in the same state as to sleep, some being wholly asleep, while others are wholly awake. Its chief cause he believes to be a condition of nervous substance, induced by fatigue of the particular sense or faculty, and which cries out for repose. These two views are not so all unlike. The fluctuating conditions of Holland are not contradictory of, or incompatible with the "general" and "particular" sleeps of Bichat, founded on the degree of repose of the separate senses and faculties. But such theories do not argue that degree of observation which claims absolute assent. They merely attract attention to a subject which requires more light to be thrown upon it, and, so far, they often prove of great service.

The pathology of sleep is even less established on sure foundation than its physiology. When sleeplessness is obviously the result of pain, fever, skin disease, accompanied by itching, dyspepsia, or heart disease, we may pretty confidently promise its cure on the removal of

those conditions. But in the many cases which are unattended by any functional or organic derangement which can be pointed to as causes, the pathology must be considered very doubtful. Too much sleep means mischief, and too little sleep means mischief, but that is sometimes all we can say. Whether, in the particular case, the mischief is in brain or chord, or heart or elsewhere, we can only guess at. In the *Medical Times and Gazette* of July 19th and August 9th, 1873, there is a disease described by Dr. Mc Carthy called the "sleeping sickness" of Accra, in Western Africa. It is unaccompanied by fever or paralysis or symptoms which draw attention to any of the main functions or organs of the body. One account relates that it always ends fatally; in another it is said to admit of ready cure. The sleep is nearly constant by day as well as by night. An invariable attendant on this disease is induration of the deep-seated cervical glands—the glandula concatenata, and the native doctors remove those glands, and so cure the malady. The theory of explanation is, that by the removal of the diseased glands, a diminished supply of blood to the brain results. How is not stated or even guessed at. If the enlarged glands pressed on the jugular and other veins which convey blood from the head to the heart, thereby causing fulness and congestion of the veins within the skull, we can understand how the removal of those glands may result in the removal of the venous congestion. It is suggested by Mr. Gaskoin that anaemic or poisoned blood is the cause of the "sleeping sickness." But the pathology of this disease has not been studied sufficiently, and so has not got out of the region of speculation; if it had, some light might have been thrown on the pathology of sleep. Forbes Winslow in his work on *Obscure Diseases of the Brain* has some good practical remarks on this subject, to the effect that wakefulness is a frequent forerunner of insanity and of other forms of brain disease; that it is incompatible with perfect health; that it is also a precursor of delirium tremens; that waking from short sleep with the look of one who has had no sleep indicates insanity; that sleep is a good test as to the state of the brain in fever and as to prognosis in fever; that frequent and unrefreshing dosing threatens brain disease; that drowsiness often argues the presence of urea in the blood; that dreaming sleep, especially when the

dreams are horrible, is a forerunner of insanity, epilepsy, and disease of the brain; and that heart disease is a very common cause.

As to the treatment of insomnia, that will always depend on the view of the physician on the question of its physiology and pathology. If he believes that the brain is full of congested blood vessels, his treatment will be one thing; if he believes that he has to deal with an organ nearly empty of blood, it will be another thing. His belief as to the chief exciting cause or causes must also influence greatly his treatment. The cause may be fever or urea in the blood, or delirium tremens, or eczema, or dyspepsia, and his treatment will be directed accordingly. Or the case may be one of those puzzling ones which baffle all means to remedy it; one for which a cause cannot be found. In such a case the physician can only guess at a cause, and treat that guess in the hope that, after many experiments, he may hit on a remedy which may prove successful. A very large proportion of cases are due to dyspepsia, and must be treated by the appropriate medicine, *nux vomica*, *pulsatilla*, *antimonium crudum*, &c. But those medicines are very rarely sufficient of themselves to effect a cure. Their effect must be supported by regulation of the food. A matter of chief importance is the last meal of the day, whether that is late dinner or supper. A change in the quantity of that meal, or of the quality, often suffices to restore sleep which has been lost in great part for months or even years. It is more often necessary to take more than less food at the last meal of the day, due regard being had, of course, to the digestive power. The drink swallowed at that meal is a matter of some importance. Hot or mulled claret I have found to be one of the best, if not the best. But the habits of the patient, as in so much else, must be taken into account in this case especially. Those habits must be studied, and when one is forced to the conclusion that their continuance must imply a continuance of the malady, a complete change must be recommended. The effect is sometimes immediate, and to the better. A substantial supper, with wine added, should be especially recommended in those cases where, after short snatches of sleep, chiefly in the morning, the patient wakes more tired than when he went to bed, and most unwilling to leave his bed. If Durham's views as

to the physiology of sleep are correct, as I believe them to be, the rationale of a considerable number of the successful remedies for sleeplessness is not far to seek. A good supper, for instance, acts by occupying the digestive function during a great part of the night. A flow of blood to the stomach and intestinal canal is necessary to the due performance of that function, and that flow lessens the quantity of blood in the brain. Skin friction at bed time, the Turkish bath, the hot bath, the foot bath, all act in the same way. They divert the current of blood to the skin, and so tend to empty the brain. Cold effusion and the wet sheet act marvellously in the insomnia of fevers, especially the exanthematous ones, and probably from the same reason. But exceptional cases are to be met with chiefly in chlorosis and in the hysteria of the anaemic, where it is necessary to act in a different way, and to encourage rather than discourage a flow of blood to the brain. In such cases sleep is restored by washing the feet with hot water at bedtime, and wrapping up the head in flannel.

Nothing need be said of the treatment of the insomnia, manifestly the result of causes which admit of removal, or where the causes only can be treated. Where skin disease is the cause, the skin disease must be treated, and if successfully, the sleep is restored. When the heart disease, the urea-poisoned blood, the insanity, the jaundice, the delirium tremens, the overworked body or mind, the too dry or the too moist atmosphere, the heat, the cold, the faulty posture in bed, the anxiety, the fixed idea, the cold feet, the over-much or scanty clothing, the undue ablutions, the indulgence in green tea or strong coffee, all of which are causes of sleeplessness; when these are cured, corrected, or removed, sleep is restored.

But when insomnia assumes the form of an idiopathic and not symptomatic disease, its treatment is by no means so obvious or easy. In all probability the word idiopathic with regard to this malady should not be used. A cause there always is, whether it can be found out or not. One is recommended to give *coffea* in such cases, or *belladonna*, *hyoscyamus*, *moschus*, *gelseminum*, &c. I have tried all these medicines in turn, in numerous cases, and cannot say with good effect. I have never once found *coffea* of use. *Hyoscyamus*, of the above named, is the one I have found most frequently serviceable. But no medicine I

have ever tried has acted so immediately and satisfactorily as remedies of another description. Diet, baths, and change of air have cured the evil when all other means had been tried and failed, not only in my hands but in those of others. I have already alluded to diet as a remedy in cases where dyspepsia was the cause of the wakefulness. But where there is no dyspepsia, food given at the proper time and in the proper way, and of the proper quality, will often do all that is necessary. I can verify in my own experience what Dr. Duckworth says in his work on the *Causes and Treatment of certain forms of Sleeplessness*. He says, at page 16:—"For the relief of the insomnia following exhaustion, either mental or bodily, there is happily a good deal to be done. No greater mistake can be made than to retire to sleep at the time of completed digestion. It is almost proverbially known to be bad to go to bed fasting. Insomnia from this cause is, of course, easily met by taking some simple food. People whose duties occupy them far into the night, and who have exercised their minds with any effort, should take a full evening meal, or, failing this, nourishment must be had later on. And where there is, from any cause, undue pressure of work, mental strain, or anxious watching, I know no nutriment so suitable as well-made beef-tea or extract of meat. The latter is of especial value, being always at hand, and if taken in the form of Mr. Darby's extract—the best, I believe, of all such preparations—and spread upon bread or biscuits, is eminently calculated to relieve the craving felt, and to supply a readily digestible little meal." "I should recommend all bad sleepers who cannot trace their insomnia to indigestion, and who may have passed an unduly long interval since their last meal, to employ extract of meat in the manner I have just described. I can, at all events, bear testimony to its value from personal experience, and I have known benefit to be largely derived from its use in other instances."

As to baths, they have done in some cases even more good than food, especially the Turkish bath. The first case I have reported, that of Mr. D., is one in point. It acted like magic, and would have continued to do so had not the self-indulgent habits of my patient prevented its full effect being experienced. Other baths—the lamp, the vapour, the shower, the hot sitz, the common hot with or

without salt, the common cold—are all of service in suitable cases, and if taken at the proper hour and for the proper time. And as for change of air, it is, I have no doubt, in the experience of all medical men, the wonderful effect on the sleeping habits brought about by it. Mrs. B.'s case proves what may be done by that remedy. It is sufficient sometimes, as in the case of asthma, to remove only to another part of the same town; and another room in the same house has occasionally proved sufficient to secure the desired object.

I have said nothing of the effect of cold water compresses or hot poultices applied to different parts of the body, especially to the epigastrium or abdomen, or to the nape or occiput. Nor have I said anything of hot and cold head and spine sponging. But such means in certain cases of insomnia have sufficed to relieve greatly, and even to cure. My colleague, Dr. Simmons, suggests a remedy which experience tells him has procured sleep, and that is the inspiring deeply and slowly and continuously on first going to bed. Of this means of bringing sleep about I cannot speak from my own experience. Shampooing the whole body at night is recommended by some, and also hard exercise, pushed to the extent of producing perspiration. I am inclined to doubt the value of this last prescription. Many dissuade their patients from taking sleep in the daytime however strongly nature may demand and incline to it. For my own part, in bad cases of insomnia I urge it upon my patients to take sleep when they can get it; and never to resist a call to sleep in the daytime under the idea that their chance of sleep in the night will be all the less. I have found that such day sleep is sometimes a forerunner of better night sleep. Nor do I dissuade from the practice of reading in bed to which some bad sleepers are driven. If sleep can be secured in this way and in no other, there is no valid reason against its being continued. A punctual habit of going to bed should be acquired. Irregular hours tend to break good habits of sleep, and tend also to keep up the bad habit as long as the irregularity is continued. The bedroom, the bed, and the bedclothes are, all of them, matters to be attended to. Some slight change with reference to either may make all the difference between good and bad sleep. Lying with the head low is generally more favourable to sleep than with the head bolstered up on pillows. The

blood flows to and from the brain with less-interrupted current the more horizontal the position of the body is. That the bedroom should be properly ventilated is a matter of course.

No mention has been made of narcotic medicines given in narcotising quantities. Most physicians, of whatever school of medicine, recognize the inutility of opium and its salts in sleeplessness. By them a sleep of eight or ten hours' duration is obtained, to be followed by a worse condition than before. It is scarcely going too far to say that if one looked to the future narcotics would never be prescribed. But the immediate present shuts out the view of the future, and narcotics are given even by those who know best their bad effects. All other means should be had recourse to before prescribing an opiate. In ninety-nine cases out of a hundred sleep will be restored. In the one remaining case the narcotic given may be the bromide of potassium. Its physiological action, according to those who have examined it carefully, is the causing a diminished flow of blood through the brain. What effects that may cause a near approach to natural sleep? But, in the case of bromide of potassium, as in that of other narcotics, the sleep so obtained is followed by prolonged wakefulness, leading to other and other doses. In the case of a man well known in the world of letters, and who died within the last few years, the small dose of this medicine led to larger and larger ones, till the usual daily dose at the end was ninety grains. The effects produced were very manifest to all around him. The memory failed; the mind lost its concentrative power; a confusion of thought betrayed itself in speech; and a certain degree of aphasia showed itself during the last year of his life. The terminating symptoms were convulsions and coma. When even bromide of potassium is capable of producing such symptoms, a medicine which is called the safest of narcotics, one cannot be too strongly impressed with the danger of prescribing any narcotics whatever. The only justification should be the risk of insanity from the prolonged insomnia.

Cheltenham, November, 1874.

CLINICAL LECTURES DELIVERED IN THE HÔPITAL ST. JACQUES.

By Dr. P. JOUSSET.

(From *Le Bulletin de la Société Médicale Homœopathique de France*.*)

Acute Articular Rheumatism with Endocarditis.

M. L. P., æt. 23, student, p. 157 (July).

History.—In 1864 patient suffered from a first attack of rheumatism, with pericarditis. He was at that time confined to bed for three months, and has ever since suffered from a cardiac affection. In May, 1866, he had another attack of endocarditis, followed by pleurisy, and was confined to bed for two months. In 1871 contracted syphilis, with chancre and mucous tubercles, no other sequelæ, health comparatively good. In 1873 a fresh attack of articular rheumatism. Entered Hôpital Saint-Jacques, 24th December, 1873.

State on Admittance.—Well-marked febrile condition, pain in the joints, pericardial friction sound, double blowing at the apex (mitral insufficiency and constriction), double blowing at the base, especially with the first sound (aortic insufficiency and constriction, especially the latter). Sphygmograph gives a very short, slightly oblique, ascending line, a level line, very long descending line, without dirotism. Some irregularities. Small, weak, frequent pulse, bellows murmur with the first sound at the carotids and the femoral. The physical signs of aortic constriction predominate in this patient.

Progress of the Case:—

16th Jan. 1874. R *Quin. sulph.*, 3rd trit., tert. hor.

17th. Pulse, n. 96, m. 92; apex murmur less strong.

Repete *quin. sulph.*

19th. Pulse, n. 104, temp. 101·3° F.

20th. Pulse, m. 84; pain in joints. *Quin. sulph.*, 2nd trit.

21st. Much less pain in the joints; rather sharp pain at the apex of the heart. Repete *quin. sulph.*, 2nd trit. The bellows-murmur at the base most marked during the diastole; pulse full and tremulous, no intermission. Sphymograph indicates a typical case of aortic insuffi-

* For the translation of these cases and clinical observations we are indebted to Dr. W. B. A. SCOTT, of Tunbridge Wells.

ciency, the ascending vertical line being very long, and ending in a hook, very marked dirotism in the descending lines.

22nd. Same state. *Cactus* 6, two drops in $\frac{3}{4}$ vj water; a tablespoonful every three hours.

23rd. Great agitation since taking the medicine, severe cardiac pains, insomnia, anxiety.

24th. Pulse fallen from 92 to 84; slept well; cardiac pains greatly diminished since the medicine was suspended.

26th. Slept well; no cardiac pains; pulse 84. *Cactus* 12, four globules.

27th. Has not passed so good a night; cardiac pain severe. Omit *cactus*.

28th. Much better night; no pain. *Cactus* 1.

29th. Continued improvement. Repete *cactus*.

30th. Very restless night; insomnia; patient has complained of sore throat since last night; in consequence of this, last night p. 124; t. 103·1°. This morning p. 92; t. 102·2°. *Belladonna*, Φ gtt. iij.

31st. Nocturnal fever; p. last night 112, this morning 92. Sore throat diminished; tonsils less swollen. Repete *belladonna*.

Feb. 2nd. Fever ceased, throat worse. *Cactus* 1 gtt. iij.

3rd & 4th. Pulse less tremulous; less pain at apex of heart.

5th. The patient has borne *cactus* 1 well during the last few days; nights tranquil; no cardiac pain; pulse weak and intermittent. Sphygmograph gives ascending line oblique, very short, terminated by a level line; descending line very long and very oblique; pulsations and intermissions both very unequal, indicating mitral insufficiency, with aortic constriction and aortitis; it presents a marked contrast to that described on Jan. 21. Continue *cactus*.

12th and 13th. Return and aggravation of cardiac pain, accompanied by very painful intermissions felt by patient, disturbing his sleep. Still, the murmurs are less distinct. The *cactus* (which had been pushed to gtt. xij of dil. 1) is suspended. *Spigelia*, Φ gtt. j.

14th. Pulse fuller. Intermission ceased. Still signs of aortitis, and aortic insufficiency has reappeared. As-

ascending line long, but not quite vertical, terminated by very distinct level; descending line shows no diastolic.

16. Cardiac pains less, but condition of patient febrile. Recurrence of pain in joints, especially of sore throat, necessitating *belladonna*, Φ gtt. ij.

18th. Sore throat ceased; fever persists; p. 112; slight intermission. *Cactus* 1 gtt. iij.

19th. Much worse; perfect insomnia; painful intermission, especially at night. Suspend *cactus*.

20th. No improvement. *Spigelia* 3, gtt. iij.

21st. Patient better; good pulse, but quick, 120. Feverishness kept up by rheumatic arthritis. Intermission ceased. Bellows-murmur only heard with the second sound at the base; pericardial friction, and signs of mitral insufficiency persist. Repete *spigelia*.

23rd. Slight improvement.

25th. Pulse lower; less pain in the joints; poor appetite. *Cactus* 1, gtt. iij.

27th. Recurrence of painful intermission. *Spigelia* 1, gtt. iij. The pulse becomes more and more indicative of insufficiency. The level line (indicating aortitis) disappeared; ascending line completely vertical, with imperfect hook; descending line scarcely presents signs of diastolic. Well marked intermission at sixth pulsation; shows persistence of mitral insufficiency. Patient returns to his family. He is much improved; dyspnea and cardiac pains have disappeared, but his appetite is still poor, and he sleeps badly.

Remarks.—When this patient came into my hands, I found him suffering under violent fever, with swollen and painful joints, and complaining of a sharp pain in the cardiac region. The symptoms collectively indicated endocarditis, while auscultation showed signs of insufficiency and aortic constriction in turns. Two bellows-murmurs were audible at the apex, the systolic, which was the stronger, indicating mitral insufficiency; the diastolic, less strong, indicating auriculo-ventricular constriction. A slight friction murmur existed at the region of the apex beat. A single bellows-murmur was heard in the carotids. Lastly, we had, after some time, to complete the friction, the tremulous characteristic pulse known as Corrigan's.

The patient had already taken *aconite* and *bryonia*, so

considering his general condition, I administered *quin. sulph.*, 2nd and 3rd trit., which I had usually found successful. Under the influence of this drug his general condition somewhat improved, but the cardiac affection persisting, I prescribed *cactus grand.* 6. The chief indications for this drug are:—sharp pains at the heart, sometimes producing syncope, sensations as if the heart were compressed by an iron hand, intermission and inequality of the pulse, determination of blood to the head, and severe headache. Dr. O'Brien published in the *Monthly Homœopathic Review* an account of a case of rheumatic endocarditis, cured by *cactus*. Though this drug failed with me in a similar case, I recommend it, because I have often found it succeed.

I suspended the drug on the following day, as the supervention of anxious insomnia, with intense cardiac pain, showed a serious aggravation of the patient's condition. The patient remaining calmer during the next two days, I prescribed *cactus* 12, which again produced an aggravation. I gave sugar of milk; I then gave the first dilution, which was well borne, and for some time the patient continued taking the drug with increasing improvement; I only suspended it for three days, when I was obliged to prescribe *belladonna* for a slight intercurrent sore throat.

Here I may say a few words on the much vexed question of medicinal aggravations, the occurrence of which is denied by some physicians of our school, while others profess to observe them constantly. Here, as elsewhere, I believe the truth lies between the two extremes. What is a medicinal aggravation? First, when you administer a drug, and your patient's condition becomes worse, we must carefully ascertain whether this is to be ascribed to the action of the drug, or to the course of the disease; next, when you observe the appearance of some pathogenetic phenomenon, as diarrhoea or some exanthematous rash, during the administration of *arsenicum*, whether these phenomena may not be regarded as a medicinal aggravation. A medicinal aggravation is the aggravation of the symptoms of a disease by means of a drug homœopathically analogous to these symptoms, and which is generally followed by improvement on suspension of the drug. Such a phenomenon is in all respects analogous to what is observed in phthisical

cases at certain mineral springs, as, for example, at Eaux-Bonnes, and especially at Mont Doré. Immediately after the cure, and during its course, the patients often experience aggravations of the symptoms of their complaints, such as cough, hæmoptysis, fever; then, in favourable cases, this passes away, and the patients feel much better than before. Similarly, our patient first experienced an aggravation of his pains and insomnia from the *cactus*: next, a marked improvement followed his taking the drug; at last he seemed to become habituated to it, even in the strongest doses.

Let us now examine the sphygmographic tracings taken at different times in this case; you observe some indicate constriction, others aortic insufficiency. This happens because we here have not a fully developed lesion, but one in the process of development, and hence we are enabled to establish the fact that the lesions vary during the progress of the inflammation, and that consequently they are not wholly incurable, since they are liable to change.

On comparing the five sphygmographic tracings obtained from this patient, you will observe that (first tracing) at one time there were unquestionable signs of aortic constriction; that these signs, together with a certain systolic incompleteness, and signs of mitral insufficiency, reappeared in tracing (3), and, previously to this, you have a tracing perfectly typical of aortic insufficiency. Finally, the patient, improving under *spigelia*, presents from day to day the clearest signs of aortic and mitral insufficiency, and probably these two lesions will persist. The constriction of the aortic orifice, and of the aorta itself (since there was a manifest sphygmographic level) was caused by the loss of elasticity of the tissues, due to recurrence of inflammation.

Mark, in conclusion, the favourable influence of *spigelia* on the painful intermissions, and on the collective symptoms of endocarditis. For it was during the administration of this drug that the tracing began to indicate merely aortic insufficiency, at the same time that the state of the pulse and the respiration indicated a marked diminution of the inflammation of the internal membrane of the heart. We noticed the ill consequences of *cactus* reappear three times in this patient, and oblige us to abandon the use of this drug. Thus, the first painful

intermissions appeared after the persistent use of this drug, pushed as far as 12 drops of dil. 1. These symptoms reappeared on every subsequent occasion when we had recourse to *cactus*.

Capillary Bronchitis.

M. H., æt. 23 months. Admitted Feb. 7th, 1874.

History.—Always delicate; parents scrofulous; at eight months of age suffered from pneumonia, lasting three weeks; cough lasted for a month afterwards. Had an eruptive fever, apparently chicken-pox, at 13 months. Brought hither to-day suffering from capillary bronchitis in both sides. Disease manifested itself suddenly 30th January with no very marked precursory stage. The child had been exposed to cold two or three days previously. The earliest symptoms were frequent cough, intense dyspnœa, and fever. Before admission a small blister was applied to the left side posteriorly, and emetics were given, with no improvement.

Present State.—Intense feverishness; p. 140; t. 104°; considerable dyspnœa; hoarse, frequent, cough; anxious expression. Sub-crepitant râles heard over great part of right lung from apex to base; finer sub-crepitant râles in left lung, with bronchial breathing at the base.

7th Feb. *Ipecac.* 12, *bryonia* 12—4 globules in 3 iv. water; a tablespoonful every hour in alternation. Milk diet.

10th (12th day of disease). Fever slightly diminished. Yesterday evening p. 140; t. 102·8°. Sub-crepitant râles a little coarser; bronchial breathing still audible; slight diarrhœa. Repeat same drug.

11th (13th day). Improvement continues. Yesterday evening t. 101·8°; bronchial breathing disappeared. Patient has slept and feels less oppressed. Same treatment.

12th (14th day). Râles diminished. Improvement continues.

13th (15th day). T. 101·5°; coarse râles. Some appetite; has slept. *Ant. Tart.* 3rd trit., griij. in 3 iv water; one tablespoonful every three hours.

14th (16th day). General state satisfactory; râles much diminished; good spirits; good appetite; t. 100·4°.

16th. Râles disappeared. Patient cured.

Remarks.—This child suffered from an acute pulmonary affection, variously called lobular pneumonia, capillary

bronchitis, and suffocative catarrh. I myself call it severe bronchitis; I call it bronchitis because in fact the lesion is at first situated in the bronchi, and the scattered congestions and hepatizations which usually appear as complications are secondary; they follow the bronchitis in the same way as epididymitis follows urethritis. Furthermore, the course of the symptoms is that of bronchitis and not of pneumonia; and etiological considerations, as well as its epidemic character, assign this disease to the class of catarrhal affections. I add the epithet "severe" because this disease is much more fatal than pneumonia, a point on which all are agreed:

On admittance the patient had reached the eleventh day of the disease; there were high temperature and much oppression. Sub-crepitant râles and scattered bronchial murmurs were audible in both lungs, and it was a most serious case. I ordered *ippecac.* and *bryonia*, two drugs in which I have much confidence, and next day there was marked improvement, which has since been progressive. When the fever and inflammation had abated I ordered *ant. tart.*, 3rd trit., which was indicated by a hoarse cough. To-day, as you observe, the child is quite well.

Non-malignant Typhoid Fever.

Mademoiselle Pinière, æt. 26, admitted 22nd Feb., 1874.

History and Present State.—This patient was not admitted until the 10th day of the disease, which had set in with copious greenish vomiting and diarrhœa.

She was treated elsewhere for *bilious fever*. Examination of the patient furnished but few signs. She complained of headache, especially frontal, and of stitch-like pain on the right side, below and anteriorly to the false ribs. Negative signs from auscultation and percussion; sensibility of abdomen normal; no eruption; no diarrhœa. The loss of appetite, persistent febrile condition, epistaxis at the onset and duration of the disease, led us to diagnose non-malignant typhoid fever.

23rd Feb. *Bryonia* 3rd dil.; p. 84; t. 101.1°.

24th. T. 100.4°; p. 80; pain in the side much less; fever continued, higher in the morning than in the evening.

25th. No more pain; t. (morning) 101.4°; p. 80; t. (evening) 101.25°.

26th. Fourteenth day of fever; t. (morning) 101.1°;

p. 80; evening t. 99.65° ; p. normal. General condition very satisfactory; *china* 6.

27th. T. (morning) 100.75° ; p. 76; evening t. 99.5° ; appetite returned; *china* 6.

From this day the improvement was very marked; the patient was no longer feverish; appetite returned; passed good nights. *China* was continued until March 6th, when she was discharged.

Remarks.—We may offer two remarks on this case. First, what a strange abuse of fanciful diagnostics we have in the term “*bilious fever!*” What can that mean? To any physician acquainted with the nomenclature of fevers it is simple nonsense; to a practitioner floundering about at a loss for a diagnosis it is, so to speak, a straw to catch at. It is sure to be either *bilious* fever or *mucous* fever; the one is just as unscientific as the other.

Our second remark is, that we frequently see typhoid fevers, when treated by the homœopathic method, come to an early termination about the 14th or 16th day. Doubtless, in this case, as in that of all other diseases with a definite course, no therapeutic treatment can (so to speak) *kill* the disease, so as to prevent its natural evolution, but such treatment may nevertheless abridge its duration, and this is a great matter.

DISEASES OF THE HEART.

By EDWIN WM. ALABONE, M.D., M.R.C.S. Eng.

Congestion.

The greater proportion of diseases of the heart we meet with are caused by a change in the quality of the blood within its cavities. This condition either precedes or accompanies almost every disease of this “great central organ of circulation.” Little has been written respecting it, yet it is in this stage that medical treatment is of the greatest import, for not only are we generally able to relieve the present symptoms, but also to prevent some of those diseases of the heart which render the patient’s after life a burden to himself.

The heart is so far similar to the lungs, it is never emptied; during its contractions the whole of its contents are not expelled, neither does it receive all the blood it is capable of doing, at each dilatation. The force, too, of

the stream of blood is accelerated or diminished according to its muscular vigour.

There is also a difference in the general mass of blood in different individuals, as, for instance, a fat and indolent man, compared with one who habitually undergoes muscular exercise and bodily fatigue; also in some diseases the same effect is noticed; and all these conditions more or less have their influence on the action of the heart.

But be the cause what it may, as long as there is an increase ("beyond a limit") of the quantity of blood in the heart's cavities, we have a morbid condition produced, which we designate *congestion*.

Congestion may be induced in different ways, as, for instance, by some impediment to the exit of *arterial* blood, or to the influx of *venous*, also from weakness of the muscular power of the heart, whereby its cavities cannot be sufficiently emptied.

The state of "a heart congested" has been very clearly shown by experiments on living animals, it is also shown in persons who have been hanged; the right auricle and ventricle being found gorged with blood; the same *post mortem* appearance too is found in persons who have been drowned.

The symptoms of this congestion are frequently illustrated; a person walks quicker than usual, or runs, the breathing becomes greatly oppressed, and the heart palpitates violently, and should there happen to be any organic affection of the heart existing, it is not an infrequent occurrence for the person to fall down dead. Many such cases are reported, but it would occupy too much space to quote them. The effects of "congestion of the heart" may be compared with those of any other muscular organ excessively stimulated whilst already over distended. For instance, look at the bladder, which is naturally stimulated by the urine, and caused to contract; increase the quantity of urine beyond its proper limit, and what results? lessening, and perhaps total inability of contraction; and in some cases a long time has elapsed ere it has again been able normally to expel its contents. Although similar, of course there are symptoms in congestion of the heart which arise from its very complicated structure.

This congestion commences in the right side of the

heart, the venous blood being poured out of the right auricle with increased velocity into the right ventricle, and thence to the pulmonary artery; it then accumulates in its branches, until they become gorged. With the pulmonary artery in this state, little if any of its contents can regurgitate back into the ventricle, on account of the valves, so that when the right ventricle becomes fully distended, and cannot force any more blood into the pulmonary artery, regurgitation takes place into the right auricle. The pulmonary arteries being thus distended, the capillary circulation is retarded.

This is, if I may so call it, the *first degree of congestion*, but immediately it advances further, then very important changes occur both in the lungs and heart, such changes that they occasion the most alarming and often fatal symptoms.

By excessive exertion serious injuries are sometimes inflicted on the heart's structure, the congestion causing even the valves to be ruptured and the columnæ torn. A case is recorded by Dr. MacLagan of a lady who exerted herself in playing at some outdoor game on the lawn, and was suddenly seized with giddiness and inability to stand, difficulty of breathing, and syncope. She was at the time standing on a flight of stone steps leading to another part of the garden, and fell from top to bottom, a distance of about 20 feet. In one hour she expired. On a post mortem examination the pericardium was found gorged with blood, which had escaped through fissures, both of the right and left auricle. Several other cases are recorded where the descending aorta has been ruptured, and the mediastinum filled with blood.

No less severe are the changes which congestion of the heart from muscular efforts sometimes produces on the respiratory organs, for the pulmonary vessels become so loaded with blood, that the capacity of the bronchi are seriously diminished, producing great difficulty in breathing, and hæmorrhage (sometimes profuse) from the bronchial vessels. Such effects as these are frequently produced by running and rowing. But this is not the only cause of cardiac congestion, violent mental emotions, suppression of periodical discharges, and even changes in the atmosphere, tend to disturb the heart.

Having explained the nature of cardiac congestion, we

will now pass on to the causes, but first note that there may be not only cardiac congestion, properly so called, but congestion of the coronary or pulmonary vessels.

The Causes of Congestion of the Heart

are many, amongst the most frequent we may name

- 1st. Excessive muscular exertion. Mental emotions.
- 2nd. The action of either too hot or too cold water on the cutaneous surface of the body.
- 3rd. The suppression of evacuations.
- 4th. Any circumstance which has the effect of diminishing the muscular action of the heart.
- 5th. Some disease in the structure of the heart.
- 6th. Obstruction of the pulmonary circulation.

Congestion caused by excessive muscular exertion.—Let us first consider this cause, which will be found a very frequent one. The movements of the heart are accelerated by all kinds of muscular exercise, and during such exercise the return of *venous* blood to the heart is hastened, but the exit of *arterial* is retarded, so that the cavities of the heart are at this time more or less distended with blood. Therefore should the exercise be excessive, there will be more or less congestion of the thoracic viscera, so that the person takes some time to recover his natural respiration; with this hurried respiration there is an irregular action of the heart; this action varies greatly, not only in severity, but also in duration. In some cases it is not worth noticing, whilst in others it may produce alarming symptoms, which, if not relieved, will form the basis for extensive and permanent mischief. Many persons with disease of the heart will tell you, "my heart is bad through some violent exercise I went through at such and such a time."

Those persons who are not accustomed to take any unusual exercise, and then try to do so, are most likely to injure the heart, such as in dancing, rowing, running, &c. There is no more frequent cause of congestion than running. A man finds he has only a few moments to catch a train; he is some little distance from the station, and has to take his ticket, he rushes to the booking office, can hardly gain breath to ask for the ticket, as the train is coming in, he then perhaps rushes up the stairs to the platform, just in time to get into the carriage; and what

is the result? many have been ill for days and weeks after, some have fallen down senseless, and not a few have died either at the time, or subsequently, from the effects of the injury sustained by the heart. Similar symptoms frequently follow the inordinate use of *gymnastic exercise*, also from *rowing*; of all amusements rowing is the most frequent cause of congestion, and subsequent disease of the heart; this arises from the intense excitement, and consequent exertion which is made at rowing matches, especially if the man has not been in *training*. A case came under my observation last August of a young man who made the most violent effort to win a match for a silver cup, and he succeeded; but what has it cost him? The action of the heart was violently disturbed, and at the present time is in such an irritable state that he dare not even hurry should he require to do so.

Again those who are exposed through their avocation to lift and carry heavy loads, suffer in a similar manner; servants, porters, draymen, &c., frequently have to put down their load to "gain breath;" this is caused by congestion. But this cardiac congestion sometimes arrives at such an extent that the heart's structures are injured, and even its parietes, or the trunks of some great vessel ruptured, which accident I have before alluded to. These and other symptoms which space will not allow me to touch on, should deter any person from making any "violent muscular exertion."

Mental Emotions.—This is another cause of congestion of the heart. The impulse of the heart is increased by "passion," and to such an extent may the injury received proceed, that cases of sudden death from actual rupture of the heart are on record. Many diseases of the heart originate in some moral cause: the mind, therefore, in these cases must be influenced, as well as the disease treated.

The action of extreme heat or cold, either on the mucous or cutaneous surface of the body may produce congestion. Drinking ice water or eating ices, more especially when the body is overheated, frequently produces cardiac congestion, and where disease already exists this form is extremely dangerous, acute inflammation frequently supervening. *Cold bathing* is a frequent cause of congestion, and sometimes to such an extent that the passage of blood through the heart is stopped, death

resulting. A case of this kind has recently occurred; a gentleman was advised to bathe in the sea: no sooner had the water reached his body than he fell down lifeless.

Sleeping in a cold or damp bed deranges the capillary system, and produces a corresponding change in the whole circulation. There are chilliness and an inequality of heat over the body, succeeded by a congested state of the heart, marked by its increased impetus, and a feeble pulse. In consequence of the congestion of the thoracic viscera, a spasmodic cough comes on; there is headache, thirst, vertigo, restlessness, and excessive debility, and not unfrequently a bad attack of rheumatism.

A gentleman slept between damp sheets, and the next morning he arose shivering, with an intense headache; he, however, proceeded on his journey home to London, when he sent for me. On my arrival he complained of an intense pain, referred to the cervical region, and a sensation of cold throughout the body; the next day the symptoms were aggravated. I prescribed *aconite*, to be taken every hour. In twenty-four hours the balance of circulation was restored, and he was in a profuse perspiration; the pain was gone, and he has felt no ill effects since.

Extreme heat, applied either to the skin or gastro-pulmonary mucous membrane may produce congestion of the heart. I was called suddenly some time ago to a case of this kind, which occurred at a dinner party. A gentleman swallowed a very hot piece of potatoe, and almost immediately fell down insensible; on recovery he complained of great pain over the region of the heart, palpitation, and dyspnœa; the feet and hands were cold. How the case terminated I was unable to discover, owing to his leaving two days after for Scotland, where he resided. The fatal effect of many poisons is owing to their influence on the cardiac nerves, producing congestion of the heart; the inhalation of some noxious gases also produces congestion, owing to the diminution of the heart's vigour, caused by chemical changes in the blood. Should the inhalation be continued till a fatal effect is produced, a post mortem discloses the blood vessels, especially of the brain and lungs, and the right side of the heart, with the veins leading to it, gorged with blood.

Suppressed or imperfect menstruation may produce this congestion; the whole system is more or less upset, but

most of the symptoms are referable to the congested state of the heart.

Another cause of congestion of the heart is to be found in the obstruction of the trunk of a large artery, as is the case after the operation for aneurisms; and it is doubtless owing to this congestion that the failure of the operation may be frequently traced.

We will now consider the symptoms and diagnosis of congestion of the heart.

The most marked symptoms of congestion of the heart from excessive muscular exertion are to be found in an *increase of the impulse of the heart*, and a *lessening in vigour* of the arterial pulse.

The increase of impulse arises from the quantity of blood contained in the cavities of the heart, exciting its parietes. The pulse is lessened in vigour, owing to the inability of the left ventricle to expel the blood with its usual force.

This increase of impulse is usually felt by the patient to such a degree that he applies to it the term "palpitation." There is, too, a degree of tenderness and fulness in the heart's region, which the patient endeavours by deep inspiration to remove, but fails to do so.

There is a dull resonance over a good part of the chest. *The cerebral symptoms* of a congested heart are of the greatest importance. There is a swimming of the head, the patient often fancying he sees things he does not, the intellect becomes clouded, and he has a ringing noise in the ears; all these symptoms are temporary, but sometimes the circulation through the brain is so deranged that hæmorrhage supervenes, constituting cerebral apoplexy, which so frequently arises from disease of the heart. *The pulmonary symptoms* are:—the breathing is more or less frequent, expiration being more difficult than inspiration. These changes in respiration differ greatly from those caused by some organic disease of the lungs. The short inspiration and long expiration are plainly from congestion of the heart, but in disease of lung tissue the expiration and inspiration are both shortened, and the respiration quickened.

Cough, too, is a very characteristic symptom of congestion, it being loud and harsh, and generally accompanied by an expectoration of mucus.

Pulmonary hæmorrhage too frequently occurs, and, as

a rule, in a *very large quantity*, usually giving relief to the patient. Such hæmorrhage and its result render it almost impossible to mistake the case for one of ulceration of the lung. It will thus be seen that hæmorrhage is not necessarily the result of ulceration, as is very commonly supposed. This hæmorrhage is a certain sign of pulmo-cardiac congestion, for in ulceration of the lung the quantity is very small, excepting in very advanced cases, whilst here the quantity is sometimes enormous.

Congestion of the heart may not only be accompanied by pulmonary hæmorrhage, but by an induration of the lung, entirely different from hepatization, yet quite equal to it. When such is the case there is a continual irritation of the larynx and pain in the chest.

The symptoms of cardiac congestion arising from a *suppression of the menses*, are similar to those produced by cold and excessive exercise. The heart's impulse is increased, and the force of the arterial pulse diminished; but the history of the case sets all doubts at rest.

The symptoms arising from a change of the *capillary system* are very characteristic. The greater the congestion of the thoracic viscera, the less capillary circulation; and here is a clear reason for the coldness and loss of colour in the skin, and the cold perspirations which accompany cardiac congestion.

Symptoms of a congested heart are also to be found in the digestive organs; nausea and vomiting frequently occurring from congestion, caused by mental anxiety, the patient being "sick at heart."

Another train of symptoms besides those enumerated arise, when some other organ which has previously been diseased is disturbed through the congestion. In patients who have suffered from disease of the heart, brain, lungs, or liver, these organs are aggravated, and a combination of the two diseases produce a new series of symptoms.

(To be continued.)

REVIEWS.

A Handbook of Therapeutics. By SYDNEY RINGER, M.D., Professor of Therapeutics in University College, &c. Fourth Edition. London: H. K. Lewis. 1874. Pp. 632.

We know of no work the success of which is matter for greater congratulation to believers in homœopathy than that

now before us. Since its publication in 1869, it has run through three large editions—so that its success is unquestionable. In our review of the first edition, we pointed out, and illustrated by numerous quotations, that its contents consisted largely of the fruits of the experience of homœopathic practitioners; that the conditions in which very many of the drugs discoursed on were stated to be useful were exactly *similar* to such as they would produce in health. Homœopathy was taught, without being so much as alluded to. Our ideas were promulgated, without any reference to those who suggested them, or to the principle which gave them birth. By means of this *Handbook*, and through the teaching of the author in the important medical school to which he is attached, we have no doubt at all that a very considerable number of our professional brethren have been indoctrinated with homœopathic practice, and are gradually being prepared to accept as true the homœopathic principle of drug-selection. While we should have preferred to see homœopathy openly and honestly taught, and as openly and honestly practised, we are too glad to see it taught at all to be unduly severe on the method which has proved so eminently successful. In due time, we doubt not, the truth will be felt and admitted, and then those who have laboured through evil report and through good report to render the study of therapeutics scientific, and its practice more certain and direct, will receive their reward.

In the preface to the second edition—reprinted in the volume before us—Dr. Ringer states, that with the view of being as practical as possible, “he has been content to state the symptom or group of symptoms which may suggest a medicine, and to indicate the way of administering it, and as a rule he has omitted the various speculative explanations concerning the mode in which medicines effect a cure.” This no doubt saves a good deal both of type and trouble, but it renders the work rather more of a register of the conditions in which certain drugs are said to be useful, than one in which the practitioner can study the reasons for preferring one drug to another in a given form of disease. It is therefore an empirical rather than a strictly scientific work. By many this will be regarded as an advantage. The busy practical man wants to know, on some reliable authority, of a remedy that will benefit his patient, and he cares very little—indeed, in many instances far too little for the real progress of therapeutics—about the *modus operandi* of the remedy in accomplishing its mission. On the other hand, it cannot be doubted that if certain principles of drug-selection were generally known, the choice of a drug would be rendered far more intelligible, and its prescription be made with far more confidence than it can be by a merely empirical method. As

Professor Ferrier said, a few weeks ago, at King's College Hospital. "We are sadly in want of accurate generalisation, and the establishment of definite and precise laws as to the efficiency and employment" of drugs in disease. Though Dr. Ringer has omitted all reference to speculative opinions on drug-action in disease, any attentive and intelligent reader will soon perceive, that if all Dr. Ringer vouches for regarding the physiological action and therapeutic uses of the drugs he treats of be true, the relation subsisting between them is in a very considerable proportion of instances a *homœopathic* one.

We are glad to note that in this edition Dr. Ringer, on *one* occasion, at any rate, attributes the recent popularity of a remedy to its employment by homœopathic practitioners. We refer to the use of *phosphorus* in neuralgia. Further, he names several homœopathic practitioners as his authorities for recommending certain medicines in certain conditions. These are both steps in advance, and we congratulate Dr. Ringer on his feeling himself able to take them.

Though much less full in its account of the physiological actions and therapeutic uses of the various articles of the *Materia Medica* than the homœopathic physician requires for his daily study, and while many remedies are omitted altogether, with the properties of which he must needs be acquainted, he will find Dr. Ringer's *Handbook* a very valuable work in many respects. It is not confined to the consideration of drugs, but comprises an account of most of the means available in the treatment of disease. Thus there are chapters on the use of water; on cold, cold baths, shower baths, the Turkish bath, wet-sheet packing; on the influence of cold in fevers; on ice; the spinal ice and hot-water bags; on warm and hot baths; on poultices, hot fomentations, and enemata; the volume being concluded with a useful collection of formulæ for preparing various kinds of foods for invalids.

The articles on drugs are restricted entirely to physiological and therapeutic descriptions; pharmacology forms no part of Dr. Ringer's teaching. In the older books on *materia medica*, historical and physical matter constituted their principal contents. That in the most popular class-book on therapeutics of the day, these interesting, and indeed necessary portions of information should be omitted, is in itself a significant illustration of the progress made by therapeutics during the last ten or twenty years. It is the influence of the *Materia Medica* upon health, and their power of controlling disease, that form the most important portion of the student's knowledge respecting them nowadays, and not their sources and modes of preparations. These are to be learned in other works, and to be taught by other professors. The teacher of therapeutics of to-day has

abundant scope for his instructions in directing his pupils how to use his remedies, when the chemist has both obtained and prepared them for him. This is as it should be; and we feel sure that this separation of pharmaceuticals from therapeutics will be found to be of essential service in promoting the scientific study of the latter.

Dr. Ringer's style of writing and his method of illustrating the sphere of action of a remedy, render his book very pleasant to read, contrasting most favourably with the dry and terse details of Pereira and Christison.

We observe that Dr. Ringer writes with much confidence of the value of the bromide of potassium in epilepsy. He omits altogether any reference to the injury its constant use is alleged, by the late Dr. Bazire, to exert upon the intellectual functions.* He, however, notes as an observation resulting from the experiments of Brown-Sequard or others, that it produces anæmia of the brain. If, therefore, the brain be kept in this anæmic condition by the constant use of the bromide for a considerable length of time, its nutrition cannot fail to be impaired, and as a consequence, the "keenness of intellect and quickness of perception" must be more or less injured. That this drug will suspend epileptic paroxysms has been abundantly shown; that it will cure some cases, especially such as depend upon undue excitement of the sexual functions, has also been proved; but it is at the same time highly probable that where its employment merely results in the suspension of the attacks, this immunity is purchased at the expense of the integrity of the intellect.

In the treatment of rheumatic hyperpyrexia, Dr. Ringer writes with a qualified respect for the practice of immersing the patient in a cold bath. Such cases are undoubtedly extremely dangerous, and usually fatal. Some few have recovered after the use of the bath in the way described by Dr. Ringer, but several have, as he says, "died in spite of it." We should be disposed to think that success would more uniformly follow the wet sheet packing described on page 34.

In his account of the antidotes to strychnia, Dr. Ringer has omitted to mention one of the best, if not the best, viz., camphor. Its value can easily be tested on the dog, and within our knowledge has been so with the most complete success. We remember hearing an interesting paper read at a medical society many years ago, by Dr. Sinclair of Bolton, in which he recorded several cases that had occurred under his observation, showing the value of camphor as an antidote to strychnia, and this without the use of the stomach pump or emetics, the omission of which we would, however, by no means endorse.

* Trousseau's *Clinical Lectures*, vol. i., p. 102 (Sydenham Society).

Our restricted space precludes any further remarks on this interesting and very useful *Handbook of Therapeutics*. We trust that the day is not far distant when the author will, without prejudice either to his high professional position, or to his influence as an authority on therapeutics, be able clearly and definitely to point out the principle which guides the selection of the most important remedies, the value of which he maintains.

On the Universality of the Homœopathic Law of Cure. By CHARLES NEIDHARD, M.D. New York: Boericke and Tafel.

Dr. Neidhard informs us in his preface that this pamphlet was first written and published in 1851, and that he has utilized it, in a "renovated improved form," as an address to the students of the Homœopathic College of Pennsylvania in the winter of 1872.

Its object is plainly unfolded in its title. Dr. Neidhard considers that the best way to defend and establish securely the truth of the law of similars, is no longer to collate the facts which support it within the pale of therapeutics, but to claim for it a universal application. He contends that "not only has medical science furnished us innumerable facts in elucidation of this law, but also chemistry, anatomy, agriculture, and particularly the various operations of the human mind." Now it is just on this very point that we must join issue with Dr. Neidhard: if it be true that the law of similars holds good not only in therapeutics but also in other physical sciences, the student may be assisted in his faith towards homœopathy by a certain congruity or fitness in the law itself, but its absolute truth in therapeutics can only be based on an undisputed series of therapeutic facts. On the other hand, if Dr. Neidhard fails in supporting the truth of the universality of this law—a task by the way infinitely more difficult than the most complete demonstration of its truth when merely confined to therapeutics—his failure recoils on himself, and injures the cause he advocates.

For our own part we are, like Dr. Sharp,* quite content to bear witness to the truth of the therapeutic law: homœopathy expresses a certain relation existing between two factors, viz., a stimulus and a body capable of being stimulated; we do not deny its possible universality, but we consider that any apparent proofs thereof may be best used as partial illustrations of the action of such a law, rather than as feeble buttresses of its absolute and universal truth.

Dr. Neidhard, however, is not altogether happy in the proofs which he brings forward of this universality—indeed we wonder how in the world they found their way into his essay. Our stu-

* *Essays on Medicine*, V. and VI.

dent friends at the Homœopathic College of Pennsylvania must have received them, we expect, with Kentish fire of the ironical sort, if such be known in the Keystone State. For instance, on p. 10 we read :

“Fourth experience.—A friend throwing some flowers, withered by a hot July sun, into a basin of warm water, found them after some hours, to his astonishment as fresh as ever, completely revived.”

Does our author suppose that this revivification is due *specially* to the warmth, or to the water ?

On p. 13 we have a paragraph as follows, on nostalgia :

“Nostalgia, home-sickness, that singular disease with which the Swiss nation are particularly affected, is cured by nothing but a return to their mountain home, or the removal of the patient to a mountainous country, similar to his own. A Swiss lady of my acquaintance, whose health, strength and spirits were rapidly failing from this disease, whilst living in a large and crowded Atlantic city—she was only the shadow of her former self—was immediately restored by removing with her family to a beautiful and romantic region in the Blue Mountains, which somewhat resembled her own Swiss home. All the gifts and wealth which may be showered upon her will not be equal to her home.”

The cure here evidently depended on placing her in the condition of climate and soil she required : there is no similarity whatever to be traced in the cause, the symptoms, or the cure of her disease.

And on p. 14 we read :

“Despotical governments must resort to state loans, in order to obtain the means to destroy the liberties of the people, and it is only by the use of the people of the same means—of a people's loan, that they shall be able to conquer despotism.”

A statement this which opens up to us wondrous vistas of truth, the application of the law of similars to the extinction of our own National Debt, to the mysteries of the Bankruptcy Court, the ‘bearing’ and ‘bulling’ of the Stock Exchange, and so on ; but we dare not see in this paragraph any useful or convincing illustration of our therapeutic law.

On p. 21 we get another illustration, which we may as well recite here for the benefit of all respectable heads of households. Dr. Neidhard calls it the “homœopathic law in education” ; he says :

“A vicious boy who pokes his umbrella into everybody's side

is cured by letting him stand in a corner with an immense umbrella over his head until he is tired. Another bends his head under the table to catch at boys' legs, is told to lay (*sic*) with his head in a very uncomfortable position under the table until he is cured."

We presume there is some mystical connection here between the "immense umbrella" and the dose question, though it is not quite so evident as the palpable reference to 'similars,' which exists in both stories.

There are, however, heights as well as depths in the essay which we are examining, and we confess that Dr. Neidhard is, to say the least, great in agriculture, and its homœopathic proclivities.

"It is now well ascertained that if a particular soil produces a good crop of one kind of vegetable but not of another, it is deficient in the characteristic mineral elements necessary for the development of the latter. In other words, there is a specific relation between the quality of the soil and its vegetable product. But the analogy does not rest here. This specific manure is supplied in definite proportions to the different plants.

"Thus apples have affinity for lime, pears for iron and carbon, cherries for silex, and they will not be developed in a perfect manner, unless the soil has these specific substances so necessary for their growths of which infinitesimal quantities are quite sufficient. The minutest quantity of Iodine is necessary for the development of the whole species of sea-weeds.

"In this way all vegetables have in nature their corresponding minerals, twin-brothers of a common father—without which they cannot exist or flourish. The chemist has pointed out only a few of these correspondences, but more will yet be discovered. It is the great aim of the homœopathic school to trace these analogies from minerals through plants to man, and that which we have seen in a simple state in mineral and plant, we shall find reunited in the wonderfully and mysteriously formed man. It will thus become clear to us, that there exists no particular plant or animal, which does not owe its distinguishing peculiarity or characteristic to some similar substance of the mineral kingdom.

"The relations of different substances in the human body are quite similar to those of agriculture, and if it was consonant to the purposes of this address, an immense number of facts might be quoted to verify this statement."

We do wish Dr. Neidhard had been just a little more precise in his verbiage: we presume he means that vegetables and minerals are two "twin-brothers," a statement we are inclined

on the whole to doubt, but how they can be "twin-brothers of a common father," and who the "common father" is and how they can be his "twin brothers" we don't quite see. The figure is a strained one to say the least of it, indeed a severe luxation may be diagnosed; and we confess plainly that we see no more homœopathic "analogy" in the fact that both plants and animals contain certain mineral constituents, than we do in the fact that a sword is generally made of steel or our study tables of wood.

The three following paragraphs will be found in due succession on pp. 24, 25, and we place them before our readers without note or comment, because we are unable to detect either any connection between them and the object of the essay, or any interdependence between them severally, or for that matter, conveyance to our minds of a single scientific fact beyond the experiment of Kohltreuter in the third paragraph.

"Decomposition.—As iron, manganese, nickel, cobalt, copper in combination with one of the chlorine group are decomposed by sulphates, in the same way diseased ligaments or cartilaginous tissues are decomposed by one and the same diseased marrow of the bones."

"Extinction of diseases by the homœopathic law.—The law 'similia similibus' can never refer to diseases which decompose each other, much less to such as combine; but only and alone to those diseases, which mutually extinguish each other in the same body.

"In many places of Central Europe the botanist has discovered a plant which takes a middle ground between *Verbascum Thapsus* (the great mullein) and *Verbascum nigrum*, partaking of the nature of both. It is called *Verbascum semi-nigrum*. When Kohltreuter made his experiments with mixing plants, he found that the *Verbascum semi-nigrum* originated in a mixture of both plants. In the mineral kingdom precisely similar relations take place."

We have quoted more than enough to show the grounds on which Dr. Neidhard concludes that the law of similars is a "divine law of nature," and not merely a law of drug-therapeutics. And if we have dealt more or less severely with the contents of this pamphlet, it is because of the infinite harm to our cause which such a production is capable of effecting. The author's name is known on both sides of the Atlantic: he was "formerly Professor of Clinical Medicine in the Homœopathic College of Pennsylvania," and he is a "Member of the Free Homœopathic Society of Leipzig," and "Correspondent of the Homœopathic Societies of Vienna, Paris, Munich and Massachusetts." He is known also as the author of a work on Diphtheria, which the reviewer of the *British Journal of Homœopathy*

considers "the most complete treatise on the subject that we have met with." Such being Dr. Neidhard's standing and capabilities, we exceedingly regret his issue of such an essay as the present: the universality of the homœopathic law of cure should have been logically worked out from a large number of sound premises, or it should not have been approached at all. Dr. Neidhard is capable of better things, and we trust that his future works will redeem what we cannot but consider the *lapsus* of the present one.

The Chemist and Druggist's Diary, 1875. London.

This diary, which is presented *gratis* to every annual subscriber to the *Chemist and Druggist* Monthly Magazine, is very well got up, and equally well arranged. It contains a variety of matter necessary for every chemist and druggist to have ready access to, and when it has been once used will be felt to be essential to carrying on a business with accuracy and success.

EXTRACTS FROM MEDICAL LITERATURE.

IN the *B. M. J.*, Nov. 7th, Mr. ASHBURTON THOMPSON has a paper on the "*Medicinal Employment of Free Phosphorus*," which is worth reading. He divides its action into—1. Stimulant; 2. Tonic; and 3. Poisonous. As a stimulant, he says: "Phosphorus is a stimulant, possessed of special powers over the nervous system, which is, perhaps, affected primarily through the capillary circulation in closest connection with it." To produce its stimulant effect, he advises its use in doses of gr. $\frac{1}{12}$ "every four hours or oftener," dissolved in alcohol or ether, "to prepare for unusual efforts of mind or body; to relieve from the effects of such exertion; and as a remedy for the typhoid state, whether that ensue on specific fevers, or in other acute diseases; or in calling forth the rash in the exanthematous diseases, when that has been delayed, is imperfectly developed, or has retrograded." "These powers of phosphorus also afford the best means of attacking certain forms of neuralgia; specially those which occur suddenly in persons otherwise in good health, and apparently as the result of the local application of cold; and those which attend upon the asthenic condition, more especially if it ensue upon hæmorrhage or lactation. The latter forms may almost certainly be removed in this manner in the course of a few hours—a space of time far too short to allow of any material modification in the presumed cause, or at least the predisposing condition." As a tonic, he recommends a dose of $\frac{1}{100}$ of a grain three times a day, in cases of softening of the brain from over exertion, and then says: "Phosph. is a tonic, special

as restoring exhausted nerve-function, and as renovating, or even rebuilding, altered nerve-matter; general as affecting the body at large through the renewed nervous system."

A very interesting and instructive paper by Dr. CLIFFORD ALLBUTT, on "*The Modes of Death in the Earlier Days of Scarlet Fever*," is given in the *Lancet*, Nov. 7th. It is too long to quote, and any mere *résumé* would be unsatisfactory. We must therefore refer our readers to the original.

In the same journal is a very interesting case of *Acneiform Eruption* occurring in a baby at the breast, whose mother had been taking *bromide of potassium* for epilepsy. When the medicine was stopped the eruption healed, but on the resumption of the *bromide* the eruption again broke out. The case was under the care of Dr. Tilbury Fox.

The value of hydropathic treatment is becoming every day more appreciated by the old school. An interesting article on the "*Wet Sheet in Scarlatina*" occurs in the *Lancet*, Nov. 14th, by Mr. JOHN TAYLOR of Liverpool. He recommends specially the mustard pack in cases where the rash appears badly, and when there is early failure of the vital powers.

In the *Lond. Med. Record* a short report is given of a paper read before the Société de Biologie of Paris, by MM. RAYMOND and VULPIAN, on the *Pathology of Jaundice*, from which we take the following:—

"M. Raymond stated that he had observed an interesting fact throwing light on the pathology of jaundice, in two phthisical patients under the charge of M. Vulpian. In his pathological course, M. Vulpian, wishing to elucidate the various methods in which jaundice originates by means of experiments, remarked that, next to obstruction by biliary calculi, the most common form of jaundice is that produced by swelling of the mucous membrane of the biliary passages, the so-called catarrhal jaundice; also that Broussais believed in an extension of the inflammatory process, in what he called gastro-duodenitis. However, his theory was not popular, and it became the fashion to attribute the jaundice to hepatic congestion; but Virchow confirmed Broussais, showing that the obstruction in these cases was caused by a plug of mucus very near the duodenal opening of the common bile-duct. M. Vulpian added, 'I have twice seen this in men, and have very often verified it in the dogs on which I experiment.' This propagation of duodenitis to the biliary passages is very common in dogs, and it often happens that a number of symptoms are set up, like those collectively known under the name of black or malignant jaundice (*ictère grave*); the dog dies with hæmorrhage and ataxo-dynamic symptoms.

"The first of M. Raymond's cases was an old woman of sixty-four, who was in the third stage of phthisis. She had been in the hospital from November 10, and the disease followed its

usual course till January 15, when she was attacked with the most intense jaundice. The coloration was most marked in the skin, the conjunctivæ, and the lower surface of the tongue. Her urine contained a large quantity of bile-pigment, and the jaundice lasted till her death, three days afterwards.

“ The second case was a young woman aged twenty-six years, also phthisical, who was admitted an in-patient in September, 1873; she became yellow on February 22. Like the first case, her jaundice was general. The fæces were almost colourless, the urine contained bile-pigment largely, and the patient died four days afterwards. The results of *post mortem* examination were identical in both cases, except as regard the thoracic lesions. The gall-bladder was full of fluid; there were no gall-stones; the bile-ducts were moderately distended. On opening the duodenum, and pressing upon Water's papilla, some drops of thick mucus escaped, glutinous, and resembling bile in colour: the bile-ducts were healthy, except that their walls were swollen; there were no granulations, nor induration, and they were not compressed by any swollen glands. The duodenum was thickened and red; at its lower portion Brunner's glands were seen to be hypertrophied, and to have the appearance of grains of rice, giving the mucous membrane a resemblance to shagreen. Here and there its membrane was still more raised, though slightly, probably from hypertrophied follicles. Microscopic examination, in the recent state, demonstrated very active congestion of the vessels of the mucous membrane of the duodenum. On examining Brunner's glands, their acini were found enlarged; and they were filled with swollen epithelial cells. Sections made perpendicularly to the mucous membrane, after suitable handling, showed still more plainly the multiplication of the epithelial elements in Brunner's gland, and in some preparations the solitary glands were found to be increased in size. It was thus clear that, in both these cases of duodenitis, the inflammation had reached the ductus choledochus, which was obstructed by a plug of mucus, whilst the retention of bile thus induced had brought on jaundice. The reaction against Broussais' views has gone too far in denying the existence of duodenitis, for it really exists. Broussais' mistake lay in exaggerating its importance.”

D. D. B.

NOTABILIA.

THE HOMŒOPATHIC PHARMACOPŒIA.

THE Homœopathic Pharmaceutical Association of Great Britain has of late held several special meetings for the consideration of matters connected with the improvement of the Homœopathic Pharmacopœia, and on the 4th of November last a depu-

tation representing that Association waited upon Dr. Drury, the convener of the Pharmacopœia Committee, relative thereto.

The deputation was introduced by Mr. Henry Turner, and the object of the visit was explained by several members to be the securing of the postponement of the publication of the new edition now preparing for the press, until various corrections and additions deemed necessary by the Association for the proper completion of the work, could be called in from homœopathic chemists in various parts of the country.

It was also urged that further time was necessary for the full discussion of disputed questions, on which wide differences of opinion, both amongst practitioners and chemists, existed.

Dr. Drury stated in reply, that whilst acknowledging the grave importance of the matters brought under his notice by the deputation, he was afraid he could not delay the publication of the work after January next. He added, however, that he would be most happy in the meantime to receive any suggestion from the Association with reference to any changes which they considered desirable, and likely to be of service.

In this state of matters, it will be seen by the members of the Association that anything in the shape of suggestions they may have to make with reference to improvements upon existing formulæ, should be transmitted to the secretary, Mr. Cheverton, at once. By accepting and acting upon this intimation, they will greatly facilitate the labours of the executive. The great importance of the subject would seem so plain as to obviate the necessity for dwelling upon it. It is manifestly for the interest of every chemist that the mutual communication of their ideas, and most improved methods of working, should be embodied in the forthcoming volume. These inducements should lead them to bestir themselves in the matter immediately.

PROGRESS IN THERAPEUTICS.

In his introductory discourse, on assuming the duties of the Chair of Physiology in the University of Edinburgh, Professor Rutherford refers to the bearing of the science he has undertaken to teach upon the study of the action of drugs in the following terms:—

“It is in the action of drugs that medicine is most indefinite. This is the department which hangs fire, and so retards our progress. And it will always hang fire until medical men generally are convinced that the only way in which the department can advance, is by working on a physiological basis. It is not enough, in the diseased condition, to go on administering drugs on all sorts of random conjectures. It is essential for true progress that the physiological actions of the drug be first explored.

In other words, a physiological must precede a pathological pharmacology.

"Here, then, is a great field for the physiologist, and this University can claim to have been amongst the first to cultivate it. No doubt many drugs act differently on the lower animals and on man, but even in the human subject the action is not uniform. No one ought to say that because a drug has a certain action on a lower animal, that, therefore, the effect will be the same on man, for this is to substitute mere deductive inference for experiment. The experiment on the lower animal merely gives an indication of what may be looked for when the experiment on man comes to be tried, and there can be no conclusion until the experiment on man has been performed; moreover, as the diseased condition is a *changed* physiological state, it by no means follows that the action of the drug will be the same in the *abnormal* as in the *normal* condition. Here, again, the truth cannot be arrived at by intuition, but only by observing the results of experiment."

Seeing that physiological experiments have been employed to ascertain the action of drugs by a number of physicians both in Europe and America for nearly eighty years, and as the first impulse of any practical importance originated in Germany, we fail to recognise the claim of the University of Edinburgh to have been amongst the first to cultivate this method of study. The earliest experiments that emanated from that seat of medical learning are, we believe, those instituted a few years ago by Dr. Hughes Bennett on Mercury! Whatever credit may attach to Dr. Bennett for undertaking this investigation, he and others must not forget that it was but an imitation, in a very imperfect manner, of the provings of drugs made by Hahnemann and his followers during the latter years of the last, and throughout those of the present century.

We are glad to find that Professor Rutherford so thoroughly endorses the soundness of the views of Hahnemann on this important subject. All that is wanting to enable him to perceive the reality of homœopathy is a knowledge of the link that connects the action of a drug in the *normal* with that which is its curative action in the *abnormal* condition. This link he will find concisely stated in the aphorism *Similia similibus curantur*.

BRITISH HOMŒOPATHIC SOCIETY.

THE next ordinary meeting will take place on Thursday at the Hospital in Great Ormond Street, at 8 o'clock, when a paper will be read by Dr. CROUCHER of Hastings, entitled *On Tetanus, with observations on a successful case*.

OBITUARY.

THOMAS MACKERN, M.D.

DR. MACKERN, who died on the 7th ult. at Eastbourne in the 56th year of his age, was a native of Limerick. He studied medicine at the Dublin Hospitals, and was admitted a Licentiate of the Irish College of Surgeons in 1842. He commenced practice in the neighbourhood of Liverpool, where he succeeded in securing the confidence of a considerable clientelle. Disheartened by the uncertainties of the prevailing therapeutic doctrines, he was induced to study homœopathy, and the result of his doing so was, that he thenceforward practised homœopathically. To remain steadily at work in one locality was to him impossible, and, consequently, he every three or four years made a voyage to Australia, New Zealand, California, or the West Indies, often being absent from England for a whole year at a time. An interesting paper by him on "Our position at the Antipodes,"* which contains an account of the progress of homœopathy in Australia, and of his efforts to place it on a firm basis in the estimation of the colonists, was the result of one of these excursions.

Dr. Mackern possessed in a very marked degree the power of attaching patients to himself, and of inspiring them with a full confidence in his ability to be useful to them. Somewhat eccentric in character, of an anxious and restless temperament, he was withal an eminently benevolent man, ever striving to do good in many ways. He took a lively interest in the personal welfare of his patients, and was to many not only a medical adviser, but a counsellor in individual and family troubles and anxieties. His long absences from home had no influence in diminishing his practice. A week after his return the demands upon his professional services were generally as large as ever, and whether he landed at Melbourne or Jamaica he usually found patients waiting for him.

His death arose from double pneumonia, which had been silently gaining ground for at least ten days before he could be prevailed upon to take to his bed. He was then seen by Dr. W. Bell, who subsequently attended him, conjointly with his brother-in-law Dr. Kidd. A post mortem examination revealed almost complete consolidation of both lungs, together with effusion into both pleura and pericardium.

NOTICES TO CORRESPONDENTS.

°° We cannot undertake to return rejected manuscripts.

J. D. (Beckenham).—We are happy to be able to inform you that Dr. ROBERT PHILLIPS (a recent Graduate of the University of Edinburgh), the eldest son of Dr. Phillips of Harley-street, a well-known

* *Brit. Journ. Hom.*, vol. xviii., p. 101.

and thoroughly consistent adherent of homœopathy, has lately settled in your neighbourhood. We are also glad to say that we are able to add, that he not only practises homœopathically, but acknowledges that he does so.

Dr. MORRISON of Clapham will practise in Montpellier during the winter. His address is 7, Place St. Gome.

Dr. J. MURRAY MOORE, late of Liverpool, has recently settled and commenced practice in San Francisco. We trust that he will favour us from time to time with reports of the progress of homœopathy in that rapidly rising city.

Dr. SCOTT's paper on the History of Medicine is unavoidably postponed until our next number.

Dr. CRAIG.—Your letter is in type, but we are obliged to postpone its publication.

Communications, &c., have been received from Dr. ALABONE, London; Dr. DRYSDALE, Liverpool; Dr. KER, Cheltenham; Dr. GALLOWAY, South Shields; Dr. GIBBS BLAKE, Birmingham; Dr. R. T. MASSY, Brighton; Dr. KITCHING, Cape Town, &c.

BOOKS AND PERIODICALS RECEIVED.

The Protoplasmic Theory of Life. By J. DRYSDALE, M.D. London: Baillière, Tindall & Co. 1874.

On Protoplasm: Being an Examination of Dr. J. Hutchinson Stirling's Criticism of Professor Huxley's Views. By JAMES ROSS, M.D. London: Hardwick. 1874.

A Handbook of Therapeutics. By SYDNEY RINGER, M.D., &c. 4th Edition. London: H. K. Lewis, Gower-street. 1874.

The Induction of Sleep and Insensibility to Pain by the Self-Administration of Anesthetics. By J. M. CROMBIE, M.D., &c. London: J. & A. Churchill, New Burlington-street. 1873.

The Chemist and Druggist, November. London.

The Chemists' and Druggists' Diary, 1875.

Homœopathic World, November. London: Jarrold & Son.

The Twenty-fourth Annual Report of the London Homœopathic Hospital, 1874.

The Calcutta Medical Journal, June and July, 1874. Calcutta.

Annual Record of Homœopathic Literature, 1874. Edited by C. G. RAUE, M.D. New York: Boericke & Tafel.

The Hahnemannian Monthly, November. Philadelphia.

The American Observer of Homœopathy, October. Detroit.

The New England Medical Gazette, November. Boston.

North Am. Journ. Homœopathy, Nov. New York: Boericke & Tafel.

Bulletin de la Soc. Méd. Hom. de France, October. Paris.

Revue Homœopathique Belge, November. Brussels.

Allgemeine Hom. Zeitung, November. Leipsic.

Rivista Omiopatica, October. Rome.

El Criterio Médico, Oct. and Nov. Madrid.

La Reforma Médica, September. Madrid.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E., or to Dr. H. NANKIVELL, Penmellyn, Bournemouth. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

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